

Proficiency Examination Report and Recommendation form Candidacy

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*Please complete the Proficiency Exam sections and Recommendation for Candidacy. Submit the completed form to The Graduate School only after all exams and coursework are complete and a recommendation for candidacy can be made.*

**Student Information**

**Student Name:** Enter Student’s Name **Student ID:** Enter ID Number

**Semester Entered:** Semester **Year Entered:** Year

**Program:** Enter Program **Date Exam Completed:** Enter Date

**Written Proficiency Examination**

We certify that the student:  **Passed the Exam  Failed the Exam**

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| --- | --- | --- |
| **Member** | Member’s Name | Conclusion |
| **Member** | Member’s Name | Conclusion |
| **Member** | Member’s Name | Conclusion |
| **Member** | Member’s Name | Conclusion |
| **Member** | Member’s Name | Conclusion |

**Repeat Written Proficiency Examination or Oral Proficiency Examination**

We certify that the student:  **Passed the Exam  Failed the Exam  N/A**

|  |  |  |
| --- | --- | --- |
| **Member** | Member’s Name | Conclusion |
| **Member** | Member’s Name | Conclusion |
| **Member** | Member’s Name | Conclusion |
| **Member** | Member’s Name | Conclusion |
| **Member** | Member’s Name | Conclusion |

Based on the satisfactory completion of all coursework and results of the Proficiency Examination as indicated above:  
 **I do recommend this student for candidacy.  I do NOT recommend this student for candidacy.**

**Approvals**

**Director of Doctoral Program**: Director’s Name Approval Date: Select Approval Date

Please complete this form and direct any questions to The Graduate School (GradForms@uttyler.edu)

\*\* This form is not to be submitted by the student. \*\*

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