THE UNIVERSITY OF TEXAS AT ARLINGTON
DIAGNOSTIC EVALUATION REPORT

This report must be filed in the Office of Records and Registration by the student's advisor during the student's first year of doctoral program work and no later than the completion of the first 18 hours of course work beyond appropriate master's level coursework or the equivalent.

Name of Student: ____________________________ (Last Name) ____________________________ (First) ____________________________ (Date of Evaluation)

UT Arlington ID: ____________________________ Program: ____________________________

The evaluation was  □ Oral

The above-named student has completed the Diagnostic Evaluation and the following recommendation is made:

□ Approval to continue in the doctoral program:

□ Approval to continue with specified remedial work:

(Please notify the Graduate School in writing when the remedial work is complete)

□ Failure but permission for reevaluation after a specified period:

(Specify period of time and any other conditions)

□ Failure and dismissal from the program

Committee Remarks: ____________________________

__________________________ ____________________________ ____________________________
 Name (typed) Signature Date

__________________________ ____________________________ ____________________________
 Committee Chair

__________________________ ____________________________ ____________________________
 Committee Member

__________________________ ____________________________ ____________________________
 Committee Member

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 Committee Member

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 Committee Member

__________________________ ____________________________ ____________________________
 Graduate Advisor

You may be entitled to know what information The University of Texas at Arlington (UT Arlington) collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UT System 139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.