

## Instructions for Diagnostic Evaluation Report

**Note:** This is a fillable form that eliminates the need to print-out and write-in your answers. You can simply fill-out the form electronically, and then print-out the results. This fillable capability however does not allow you to save the information that you have electronically filled-in.

1. Enter all required information, except for that related to the results of the examination and print form.
2. Submit form to Committee Chairperson who will record the Committee's recommendation remarks.
3. Acquire (typically done by Chairperson) necessary signatures from
  - a. Chairperson.
  - b. Committee members.
  - c. Graduate Advisor.
4. Graduate Advisor should submit form with the original signatures to the Office of Records and Registration.

**Reminder:** Make sure you retain a copy for your records. You must print the document and mail it in or bring it to the Office of Admissions, Records and Registration Office at the address below.

Office of Admissions, Records and Registration  
University of Texas at Arlington  
Box 19088 · Arlington, TX 76019-0088  
Phone: 817-272-3372 ·  
Fax: 817-272-3223  
Email: Ask Records and Registration

## THE UNIVERSITY OF TEXAS AT ARLINGTON DIAGNOSTIC EVALUATION REPORT

This report must be filed in the Office of Admissions, 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  Written  Oral and Written

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	_____	_____
_____ Committee Member	_____	_____
_____ 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 UTS 139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.