



TEXAS WOMAN'S UNIVERSITY

Department of Family Sciences
Qualifying Exam Conditions Form

Student Name: Student ID:

Program: Early Childhood Development & Education
Family Studies Family Therapy

Results: Written Oral
Pass Fail Pass Fail

Required Changes:

Committee Chair Signature: Date:

Committee Member Signature: Date:

Committee Member Signature: Date:

Committee Member Signature: Date:

Committee Member Signature: Date:

Department Chair Signature Date:

In accordance with Leg. House Bill 1922, individuals are entitled to: request to be informed about the information collected about them, receive and review their information, and correct any incorrect information.

Revised March 2018

Department of Family Sciences