



TEXAS WOMAN'S  
UNIVERSITY

Department of Human Development, Family Studies, & Counseling  
Qualifying Exam Conditions Form

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Program:  Child Development & Early 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 2021

**Department of Human Development, Family Studies, & Counseling**

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