**Oral Examination SUMMARY Evaluation Form**

Graduate Student Name: Date:

Attempt (circle one): **1st** / **2nd**

Oral Examination Committee:

Chair’s Signature PI Signature Member Signature

Chair’s Name PI Name Member Name

**Evaluation: Overall Grade:**

Ave score Passing is ≥ 60 pts

\_\_\_\_\_ /20 Quality of written proposal, including appropriate background & referencing:

\_\_\_\_\_ /20 Quality of oral presentation:

\_\_\_\_\_ /20 Knowledge of background material / fundamentals / coursework related to proposal:

\_\_\_\_\_ /20 Ability to understand and answer questions:

\_\_\_\_\_ /20 Evaluation of the student’s ability to complete a thesis w/in 5 years:

Additional comments/recommendations that will be conveyed directly to the student:

**Chair: Once complete, please turn this form in to Barbara Taylor.**

**Oral Examination INDIVIDUAL COMMITTEE MEMBER Evaluation Form**

Graduate Student Name: Date:

Attempt (circle one): **1st** / **2nd**

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score Passing is ≥ 60 pts

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\_\_\_\_\_ /20 Quality of oral presentation:

\_\_\_\_\_ /20 Knowledge of background material / fundamentals / coursework related to proposal:

\_\_\_\_\_ /20 Ability to understand and answer questions:

\_\_\_\_\_ /20 Evaluation of the student’s ability to complete a thesis w/in 5 years:

Additional comments/recommendations:

**Oral Examination INDIVIDUAL COMMITTEE MEMBER Evaluation Form**

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Additional comments/recommendations:

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\_\_\_\_\_ /20 Evaluation of the student’s ability to complete a thesis w/in 5 years:

Additional comments/recommendations: