



Thesis Background Exam: Evaluation Form

Students please fill out this form and give it to the committee members at your oral exam. After the oral exam, please give a copy to the path coordinator and graduate student coordinator.

Student Name: _____ Signature: _____

Committee Member: _____ Signature: _____

Committee Member: _____ Signature: _____

Committee Member: _____ Signature: _____

Committee Member: _____ Signature: _____

Date of Exam: _____

Grade: _____ Pass

For Pass, Circle one:

3 = Meets Program Expectations

5 = Exceeds Program Expectations

_____ Conditional Pass

_____ Fail

1 = Does Not Meet Program Expectations

If a special assignment is made, please supply the following information:

Due date for assignment _____

Name of faculty member who will grade the assignment _____

