

EVALUATION OF DISSERTATION

Name _____ I.D.#: _____ - _____ - _____
PRINT Last First Middle

Address _____ Day Tel. # () _____

School _____ Program /Major _____ Degree _____

Dissertation Title _____
(Please limit title to 72 letters and spaces)

Student's Signature X _____ Date _____

TO THE READER/COMMITTEE MEMBER: The student whose dissertation you have been asked to evaluate has requested permission to defend the dissertation at an oral examination. The student understands that approval for such an examination does not necessarily imply acceptance or approval of the dissertation. Please give your evaluation and recommendation in the space below.

READER'S/COMMITTEE MEMBER'S EVALUATION: _____

- RECOMMENDATION: () Dissertation should be presented at an Oral Defense
() Dissertation not ready to be presented
() Dissertation is not acceptable at this time

Reader's/Committee Member's Signature X _____ Date _____

RETURN FORM TO DOCTORAL OFFICE OR DEAN'S OFFICE TO BE FILED WITH THE OFFICE OF THE REGISTRAR.

IF ORAL DEFENSE IS SCHEDULED: The Date of the Oral Defense will be

Day _____ Date _____ Time _____ Room _____

The Committee will be:

_____ Chairperson
