Name of Student:

Date of Exam:

Dissertation Title:

Printed Names of Committee Members Signature\* Dissertation† Oral Exam‡

Chairperson of Guidance Committee

\*Unless specified, absence of signature means that dissertation or defense was not acceptable.

†Please mark P for Pass, R for revise, or F for Fail

‡Please mark P for Pass or F for Fail

**Overall evaluation:**

□ *Pass oral exam and accept dissertation*. (At least 80% of committee members)

□ *Pass oral exam and accept dissertation subject to revisions* (beyond minor editorial change) required by

committee. (At least 80% of committee members)

□ *Pass oral exam. Fail dissertation.* (Specify issues, expectations, and timeline for dissertation revisions)

□ *Fail oral exam. Accept dissertation.* (Specify reason(s), expectations, and timeline for re-examination)

□ *Fail oral exam and fail dissertation.* (Specify reason(s), expectations, and timeline for re-examination

and dissertation revisions)

*If the candidate fails one or both aspects of the defense, they have* ***one*** *chance to pass an oral re-examination and/or to have a revised dissertation approved by the committee.*

* Please use the second page of this document to specify a date for an oral re-examination and/or date for the final dissertation revisions to be submitted.

**Dissenting opinions and signatures of dissenting examiner(s), if any:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Printed Name Signature Date

**Subject to the satisfactory completion of other requirements, this student is recommended for the degree of Doctor of Philosophy**  Yes  No

**Revisions, if any, approved:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Graduate Program Coordinator or Dept Chair Date

**Approved** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

Graduate Program Coordinator or Dept Chair Date Associate Dean Date

**\*\*Upon receipt of signed form – ANS Graduate Secretary will enter exam date into GradPlan\*\***

**Complete this Page if Re-Examination/Revision is Required**

*If the candidate fails one or both aspects of the defense, they have* ***one*** *chance to pass an oral re-examination and/or to have a revised dissertation approved by the committee.*

* Details regarding preparation for an oral re-examination or evaluation of revision drafts must be agreed upon by the committee and clearly communicated to the student in writing (below)
* Reasons for the decision should be documented, expectations outlined, and a timeline given for correcting deficiencies, including the following as appropriate.
  + - * + Quality of research presented: novel contribution to knowledge, clarity, originality, importance
        + Research methodology: validity, adequacy, thoroughness, technical skill
        + Acceptability of dissertation format: adherence to recognized journal style, clarity, grammar, spelling, organization, voids, redundancy
        + Ability of student to respond to questions on dissertation: evaluation and interpretation of results, validity of conclusions, salient points, novel information

**Reasons that oral exam and/or written dissertation was failed.** (Describe reasons in detail below.)

**Expectations to prepare student for oral re-examination and/or successful dissertation revisions.** (Provide clear expectations that student must meet to pass.)

**Date set for re-examination or submission of final revisions\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Student can and should share revisions drafts with major advisor and/or committee members requesting revisions prior to submission of the final version to the full committee for formal evaluation.*