



Research Proposal 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 the completed form to the path coordinator. *In addition, bring the prelim warrant to the oral exam and return the signed warrant to the 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 _____

