

ORAL PRELIMINARY EXAM EVALUATION FORM

Name:		Degree:		
Major/Instru	ument:			
		Oral Exam Date:		
Evaluatio				
4	=	Satisfactory with Distinction		
3	=	Satisfactory		
2	=	Unsatisfactory in one or more areas – retake only the parto	(s)	
1	=	Unsatisfactory – retake the entire examination		
		tee Signatures Date		
Committee	e Chair: _			
Member: _				
Member: _				
Member:				
Comment	ts:			