

Examiners Evaluation Form

Each member of the examination committee completes this form.

Evaluators are expected to return the signed form at least 14 days before the announcement of the Oral Defense.

Name: _____ QU ID: _____

Program: _____ College: _____

Thesis/Dissertation Title: _____

Degree type: _____ Master _____ PhD _____

Expected Examination Date: _____

Examiner Name: _____ Institution: _____

Department: _____ College: _____

In the section below, please provide your feedback on the thesis/dissertation. Rate each of the criteria listed below using a scale of 1 to 5 with 1 (inadequate), 3 (meets expectations), and 5 (exceptional). The TAD Evaluation Rubric provided to you by the Graduate Programs Coordinator may be used to support your evaluation:

1. Evidence of critical evaluation of existing literature [rating]

Justification of rating (Use additional pages if needed):

2. Research Design [rating]

Justification of rating (Use additional pages if needed):

3. Analysis and Results [rating]

Justification of rating (Use additional pages if needed):

4. Quality of Reasoned Conclusion [rating]

Justification of rating (Use additional pages if needed):

5. Writing and Presentation of Manuscript [rating]

Justification of rating (Use additional pages if needed):

6. Overall Thesis /Dissertation Evaluation (use additional pages if needed)

Recommendation to Proceed with Oral Defense:

Yes

No

Examiner Signature:

Date: