

AMRS ORAL EXAM EVALUATION FORM

Use this form to evaluate a student's oral exam. The student's advisor should return the form to the Dean of Students Office at the Divinity School or by email: divinitydos@uchicago.edu.

Name of Student: _____

Examiners: _____

Title of the Oral Exam Paper: _____

Evaluation of the Oral Examination:

This student has passed failed the oral examination.

Examiner Signature: _____

Date: _____

Examiner Signature: _____

Date: _____