ARMS 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 qualifying examination.

Examiner Signature: ___________________________ Date: ____________

Examiner Signature: ___________________________ Date: ____________