DISSECTATION DEFENSE FORM

Please complete this form and return it to the Dean of Students Office at the Divinity School or by email: divinitydos@uchicago.edu.

Name of Student: _______________________________________________

Advisor/Dissertation Chair: _____________________________________________

Committee Members: __________________________________________________________________
____________________________________________________________________________________

Title of Dissertation: _________________________________________________________________
___________________________________________________________________________________

Please evaluate the candidate on the following:

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<thead>
<tr>
<th></th>
<th>Superior</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
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<tbody>
<tr>
<td>Argument Presented</td>
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<tr>
<td>Use of Evidence/Data</td>
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<td>Engagement with Materials</td>
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<td>Oral Communication Skills</td>
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<td>Response to Questions</td>
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Other Evaluations:

Overall Evaluation of the Defense: ☐ Pass ☐ Pass with minor revisions needed ☐ Fail

If revisions are needed, please indicate who needs to approve the revisions:

☐ Chair Only ☐ Entire Committee

Committee Member Signature: ___________________________ Date: ______________
Committee Member Signature: ___________________________ Date: ______________
Committee Member Signature: ___________________________ Date: ______________
Committee Member Signature ___________________________ Date: ______________
Committee Member Signature: ___________________________ Date: ______________