

DISSERTATION 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:

	Superior	Good	Fair	Poor
Argument Presented				
Use of Evidence/Data				
Engagement with Materials				
Oral Communication Skills				
Response to Questions				

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: _____