

**MIDPOINT REVIEW EVALUATION FORM**

Please complete this form and return it to the Dean of Students Office at the Divinity School or by email: [divinitydos@uchicago.edu](mailto:divinitydos@uchicago.edu). This form should be submitted by the candidate's advisor. Please include an addendum of the student's plan for completion.

Name of Student: \_\_\_\_\_

Name of Advisor/Dissertation Chair: \_\_\_\_\_

Dissertation Committee Members: \_\_\_\_\_

\_\_\_\_\_

Title of Dissertation: \_\_\_\_\_

\_\_\_\_\_

Evaluation (Print or Type):

\_\_\_\_\_

The above-listed student  passed  failed the Midpoint Review.

Anticipated graduation quarter: \_\_\_\_\_

|                                   |             |
|-----------------------------------|-------------|
| Committee Member Signature: _____ | Date: _____ |
| Committee Member Signature: _____ | Date: _____ |
| Committee Member Signature: _____ | Date: _____ |
| Committee Member Signature: _____ | Date: _____ |
| Committee Member Signature: _____ | Date: _____ |