ORAL QUALIFYING EXAM EVALUATION FORM

Use this form to evaluate a student’s oral exam. This form is completed by the examining committee. 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 Statement: ______________________________________

Evaluation of the Oral Statement:

This student has □ passed □ failed the qualifying examination.

Advisor Signature: ___________________________ Date: ______________

Examiner Signature: ___________________________ Date: ______________

Examiner Signature: ___________________________ Date: ______________

Examiner Signature: ___________________________ Date: ______________

Examiner Signature: ___________________________ Date: ______________