

WRITTEN QUALIFYING EXAM EVALUATION FORM

Each examiner is required to submit this form at least three days before the oral exam occurs. Please complete this form and return it to the Dean of Students Office at the Divinity School or by email: divinitydos@uchicago.edu.

Date: _____

Name of Student: _____

Exam: _____

Examiner(s): _____

Evaluation of the Written Exam:

Preliminary Grade of Written Exam: _____

Examiner Signature: _____

Date: _____