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: ____________