

DISSERTATION DEFENSE EVALUATION FORM

Please complete this form to evaluate the dissertation defense. One form is submitted on behalf of the entire dissertation committee. The completed evaluations become part of the student's file and serve as a permanent record of the faculty's assessment of the dissertation. Completed forms should be submitted to the Dean of Students Office at Swift 104 or via email at divinitydos@uchicago.edu.

Student's First and Last Name: _____

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 revisions needed Fail

If revisions are needed, please indicate who needs to approve the revisions: Chair Only Committee

Committee Member Signature: _____

Date: _____

Committee Member Signature: _____

Date: _____