

DISSERTATION PROPOSAL COLLOQUIUM EVALUATION FORM

Please complete this form to evaluate the proposal colloquium. One form is submitted on behalf of the entire dissertation committee. Completed forms should be submitted to the Dean of Students Office at Swift 104 or via email at divinitydos@uchicago.edu.

Name of Student: _____

Name of Advisor/Dissertation Chair: _____

Name of Dissertation Committee Members: _____

Title of Proposal: _____

Evaluation (*To be shared with the Committee on Degrees*):

Overall Evaluation of the Colloquium: Pass Pass, Revisions Required Fail

Committee Member Chair: _____

Date: _____

Committee Member Signature: _____

Date: _____

Committee Member Signature: _____

Date: _____

Committee Member Signature _____

Date: _____