

MIDPOINT REVIEW EVALUATION FORM

Please complete this form and return it to the Dean of Students Office at the Divinity School or by email: divinitydos@uchicago.edu. This form should be submitted by the candidate's advisor. Please include an addendum of the student's plan for completion.

Name of Student: _____

Name of Advisor/Dissertation Chair: _____

Dissertation Committee Members: _____

Title of Dissertation: _____

Evaluation (Print or Type):

The above-listed student passed failed the Midpoint Review.

Anticipated graduation quarter: _____

Committee Member Signature: _____

Date: _____