

**ORAL QUALIFYING EXAM FINAL EVALUATION FORM**

Use this form to evaluate a student's oral exam. This form is completed by the examining committee. The student's advisor should return the form to the Dean of Students Office by email: [divinitydos@uchicago.edu](mailto:divinitydos@uchicago.edu) and copy the members of the exam committee to serve as the electronic signature.

Name of Student: \_\_\_\_\_

**Written Exam Grades**

Exam	Examiner	Grade

Title of the Oral Statement: \_\_\_\_\_

Evaluation of the Oral Statement:

This student has  passed  failed the qualifying examination.

Advisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Examiner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Examiner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Examiner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Examiner Signature: \_\_\_\_\_

Date: \_\_\_\_\_