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 and copy the members of the exam committee to serve as the electronic signature.

Name of Student: ____________________________

Written Exam Grades

<table>
<thead>
<tr>
<th>Exam</th>
<th>Examiner</th>
<th>Grade</th>
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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: ______________