

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

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: _____