REPORT ON DOCTORAL DISSERTATION: THIS REPORT MUST BE RETURNED TO THE GRADUATE SCHOOL WITHIN 10 DAYS OF THE STUDENT'S DEFENSE. DELAYS MAY INTERFERE WITH SUBSEQUENT AWARDS AND APPOINTMENTS.

STUDENT:
EID:
DEPARTMENT:
DISSERTATION TITLE:

SUPERVISOR
Name (typed): Department:

CO-SUPERVISOR
Name (typed): Department:

DATE OF FINAL ORAL:
FACULTY MEMBER MAKING ASSESSMENT
Name (typed):

SIGNATURE: _____
(Faculty member making assessment)

It is important that all committee members submit this dissertation report. These reports are essential in the event of disagreements about the student's dissertation or performance at the final oral defense. Please include your evaluation of the general quality of the dissertation, its potential for being published, the student's performance at the oral defense, and any other comments.

Thank you for serving on this dissertation committee.
COMMENTS (if the space below is not sufficient to provide comments, you may attach additional pages):

RETURN THIS FORM TO DOCTORAL DEGREE EVALUATOR, OFFICE OF THE VICE PROVOST AND DEAN OF GRADUATE STUDIES, MAIL CODE G0400

Print form

Reset form fields