

To be completed by each committee member:

Date \_\_\_\_\_

Evaluator's Name \_\_\_\_\_

Student's Name \_\_\_\_\_

Extended evaluation:

Research                    \_\_\_ no pass    \_\_\_ low pass    \_\_\_ pass    \_\_\_ high pass

Public presentation        \_\_\_ no pass    \_\_\_ low pass    \_\_\_ pass    \_\_\_ high pass

Oral exam  
(specific to research project)    \_\_\_ no pass    \_\_\_ low pass    \_\_\_ pass    \_\_\_ high pass

Oral exam  
(general performance)        \_\_\_ no pass    \_\_\_ low pass    \_\_\_ pass    \_\_\_ high pass

Comments: