Second Year Evaluation

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 (research specific)
____no pass   ____low pass   ____ pass   ____high pass

Oral exam (general performance)
____no pass   ____low pass   ____ pass   ____high pass

Comments: