

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: