

**University of Texas at Austin  
Department of Astronomy**

PhD Defense Evaluation Form

Name of student: \_\_\_\_\_

Date: \_\_\_\_\_

Name of Supervisor or Committee Member: \_\_\_\_\_

	no pass	low pass	pass	high pass
Mastery of Dissertation Subject				
Mastery of Field				
Mastery of Dissertation Research Methodology				
Quality of Research				
Public Presentation (Content and Delivery)				
Ability to Defend Research and Answer Questions				
Evidence of Independence				

Comments: