Name of Student: Plan A: Plan B:

Date of Exam:

Thesis/Activity Title:

 Name Signature\*\* Thesis\* Oral Exam\*

Major Prof

Committee

 Members

\*Please mark P for Pass or F for Fail

\*\*Unless specified, absence of signature means that thesis or defense was not acceptable.

**Overall evaluation:**

 □ Pass both oral exam and written thesis. (At least 75% of committee members)

 □ Pass oral exam. Fail thesis. (Specify issues, expectations, and timeline for thesis revisions)

 □ Fail oral exam. Pass thesis. (Specify reason(s), expectations, and timeline for re-examination)

 □ Fail both. (Specify reason(s), expectations, and timeline for thesis revisions and re-examination)

*If the candidate fails one or both aspects of the defense, they have* ***one*** *chance to pass an oral re-examination and/or to have a revised thesis approved by the committee.*

* Please use the second page of this document to specify a date for an oral re-examination and/or date for the final thesis revisions to be submitted.

**Dissenting opinions and signatures of dissenting examiner(s), if any:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

 Name Signature Date

**Approved** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_

 Graduate Program Coordinator or Dept Chair Date Associate Dean Date

□ **Student intends to pursue a Ph.D. in this department.** *(Comment on suitability of candidate for doctoral training and success as an independent researcher: intellectual ability, desire to learn, initiative, enthusiasm, and scholarly potential.)*

 **\*\*Upon receipt of signed form – ANS Graduate Secretary will enter exam date into GradPlan\*\***

**Complete this Page if Re-Examination/Revision is Required**

*If the candidate fails one or both aspects of the defense, they have* ***one*** *chance to pass an oral re-examination and/or to have a revised thesis approved by the committee.*

* Details regarding preparation for an oral re-examination or evaluation of revision drafts must be agreed upon by the committee and clearly communicated to the student in writing (below)
* Reasons for the decision should be documented, expectations outlined, and a timeline given for correcting deficiencies, including the following as appropriate.
	+ - * + Quality of research presented: novel contribution to knowledge, clarity, originality, importance
				+ Research methodology: validity, adequacy, thoroughness, technical skill
				+ Acceptability of thesis format: adherence to recognized journal style, clarity, grammar, spelling, organization, voids, redundancy
				+ Ability of student to respond to questions on thesis: evaluation and interpretation of results, validity of conclusions, salient points, novel information

**Reasons that oral exam and/or written thesis was failed.** (Describe reasons in detail below.)

**Expectations to prepare student for oral re-examination and/or successful thesis revisions.** (Provide clear expectations that student must meet to pass.)

**Date set for re-examination or submission of final revisions\*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*Student can and should share revisions drafts with major advisor and/or committee members requesting revisions prior to submission of the final version to the full committee for formal evaluation.*