

# COURSEWORK ORAL EXAM

Master's Degree

Name of Student \_\_\_\_\_

Date \_\_\_\_\_

## Evaluation of Student Response

*To be completed by the Examination Chair at the conclusion of the Examination*

### Overall Performance

#### Committee Recommendation (*Circle one*):

**Pass**

**Pass-With-Qualifications\***

**Fail**

**Recess**

\*Specify qualifications

\_\_\_\_\_  
Committee Chair Sign and date when Qualifications Complete

\_\_\_\_\_  
Date

### Committee Signatures:

\_\_\_\_\_  
Committee Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Committee Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Member

\_\_\_\_\_  
Date

*Please return the signed form to the graduate secretary in 4012*

