

PhD Candidacy Preliminary Examination Evaluation – Oral

Student Name: _____

Examination Iteration: 1 2

Date(s) of Oral Examination: _____

Evaluation Date: _____

Evaluating Committee Members

Chair: _____

Co-Chair: _____

Name: _____

Affiliation: _____

Name: _____

Affiliation: _____

Name: _____

Affiliation: _____

Name: _____

Affiliation: _____

Please indicate if the graduate student's responses to your portion of the written examination met your expectations in the following performance areas.

Performance Areas	Expectations		
	Below	Met	Exceeded
Thoroughness and completeness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pertinent literature representation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Theoretical understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity/Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Did the overall quality of responses meet the expectations of a PhD candidate? Yes No

Please provide comments regarding the graduate student's oral preliminary recommendations below. If "below" or "no" is selected in any of the above areas, additional detail must be provided below.

Chair or Co-chair Signature: _____

Date: _____