

## Form for Assessing the Prospectus/Dissertation of a Ph.D. Student

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

Chair of Dissertation Committee: \_\_\_\_\_

Reader: \_\_\_\_\_ Reader: \_\_\_\_\_

CHECK ONE:  Prospectus Oral  Dissertation Defense

Date of Exam: \_\_\_\_\_

*Please rate the following aspects of the project using the following five-point scale:*

*5 = excellent, 4 = above average, 3 = average, 2 = below average, 1 = poor*

- |   |                            |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1. is conceptualized well                   | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 2. is strongly developed                    | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 3. presents original thinking               | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |
| 4. exhibits sustained and coherent research | 5 <input type="checkbox"/> | 4 <input type="checkbox"/> | 3 <input type="checkbox"/> | 2 <input type="checkbox"/> | 1 <input type="checkbox"/> |

**5A. If the project was successfully defended**, please provide additional comments, especially insofar as the candidate truly excelled in a specific area and/or demonstrated a particular weakness.

**5B. If the project was NOT successfully defended**, please comment on the project's shortcomings, focusing on outcomes 1-4 above.

Please transmit the completed form to the Director of Graduate Studies within 10 days of the prospectus review or dissertation defense.

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