

**EVALUATION OF THESIS DEFENSE**

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

\_\_\_\_\_  
 Defense Date

\_\_\_\_\_  
 Thesis Title

The following evaluation should be completed by the Faculty Dean/Dept. Chair or Presider of the Thesis Committee. It should reflect the consensus decision of the Thesis Committee. The committee members should each use the **Thesis Defense Rubric** to assist in the evaluation process. All members of the Thesis Committee should sign the bottom of this form to assert that they agree with the consensus decision.

Select one

Approved	Approved with revisions	Rejected with chance for another defense	Rejected

Numerical Grade: \_\_\_\_\_ /100

Letter Grade: \_\_\_\_\_

**Recommendations for the Student are attached**

\_\_\_\_\_  
 Name of Presider/Moderator

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Name of Research Advisor

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Name of Committee Member

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Name of Committee Member (optional)

\_\_\_\_\_  
 Signature

This completed form, along with attached recommendations, should be sent to the **Student and Committee Members** within one working day, and the originals should be given to the **Registrar**.