

# Individual Examiner's Comprehensive Examination Evaluation

Form 5a

Student Name \_\_\_\_\_ Area of Specialization \_\_\_\_\_

Student ID# \_\_\_\_\_ Examiner Name (print) \_\_\_\_\_

Date of **Written Exam** \_\_\_\_\_ Circle evaluation: **Pass** **Deficient\*** **Fail**

Comments on Written Exam (include specific remedial work needed\*)

Date of **Oral Exam** \_\_\_\_\_ Circle grade: **Pass** **Deficient\*** **Fail**

Comments on Oral Exam (include specific remedial work needed\*)

\_\_\_\_\_  
examiner signature

\_\_\_\_\_  
date

\_\_\_\_\_  
graduate coordinator signature

\_\_\_\_\_  
date

\* Requiring remedial work and/or retake of weak portions of the examination

**Note to examiners:** After the written exam, fill in the top comments and submit this form to the committee chair at least four days prior to the oral exam. The committee chair will return the form to you at the oral exam for additional assessment.