

**COLLEGE OF HEALTH SCIENCES AND PROFESSIONS
DEAN'S REPRESENTATIVE'S EVALUATION OF THE DISSERTATION ORAL EXAMINATION**

Please indicate on the scale your impression of the oral examination on the dissertation. The number "1" presents poor while "5" represents excellent. There is space directly below each item, if you would like to comment or comments could be included at the end under the comments section.

- | | Poor | | | | Excellent |
|---|----------|---|---|---|-----------|
| 1. The candidate's dissertation question | <u>1</u> | 2 | 3 | 4 | <u>5</u> |
| 2. Soundness of the research approach and application of research techniques | <u>1</u> | 2 | 3 | 4 | <u>5</u> |
| 3. Organization and style of the material in the dissertation | <u>1</u> | 2 | 3 | 4 | <u>5</u> |
| 4. The student's defense of the dissertation | <u>1</u> | 2 | 3 | 4 | <u>5</u> |
| 5. The propriety of the oral questions | <u>1</u> | 2 | 3 | 4 | <u>5</u> |
| 6. The level of difficulty of the oral exam | <u>1</u> | 2 | 3 | 4 | <u>5</u> |
| 7. Your general impression of the candidate's competence | <u>1</u> | 2 | 3 | 4 | <u>5</u> |
| 8. How far in advance of the examination did you receive the dissertation for review? | _____ | | | | |

Comments relating to the conduct of the examination. Include physical facilities, time allocation, voting procedure, objectivity of participants, etc. (Use back, if more space is needed.)

Comments on your effectiveness: suggestions for improvement of the process; attitudes toward you and your role; your participation prior to the exam, etc. (Use back, if more space is needed.)

Candidate's Name and Field of Specialization

Dean's Representative/Date

Please return this form to Sally Marion-Fetty, Senior Associate Dean, CHSP, Grover Center W372, immediately after the examination. Place copy of this form in student's file.

Form Revised June 27, 2019
Form Revised July 15, 2019
Form Revised July 28, 2023