

Thesis/Dissertation Evaluation Form

Candidate: _____ *Check one:* Thesis Dissertation

Evaluator: _____ Date: _____

Criterion	<i>Check one:</i>		
	Exceeds Expectations	Meets Expectations	Needs Improvement
<u>Paper</u>			
Writing Style and Composition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Significance of study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Literature review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methods/procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discussion/Recommendations/Conclusions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Oral</u>			
Clarity of presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cohesiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge of subject	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			