

# Oral Defense Evaluation Form



Washington University of Virginia

## Graduate School

This Form must be submitted by the committee chair

Student's Name \_\_\_\_\_ Student ID No. \_\_\_\_\_  
Last Family Name First Given Name

Degree Program  Th.M  D.Min  D.Miss

Thesis/Project Title: \_\_\_\_\_  
\_\_\_\_\_

### Evaluation

The evaluation should be done by the committee members and the grade should be given in the letter grade

Committee Chair	Content _____	From and Style _____	Oral Defense _____
Member	Content _____	From and Style _____	Oral Defense _____
Member	Content _____	From and Style _____	Oral Defense _____
<b>Final</b>	Content _____	From and Style _____	Oral Defense _____

The thesis/project is successfully defended by the student named above and approved by the committee members.

Committee members (Name and Departments)	Signatures	Date
_____ <small>Committee Chair / Dissertation Advisor</small>	_____	_____
_____ <small>Member</small>	_____	_____
_____ <small>Member</small>	_____	_____

### Approved by:

The thesis/project prospectus approved by the committee members has been submitted to and approved by the faculty meeting. The student is now authorized to submit a dissertation proposal.

_____ <small>DMin Program Director name</small>	_____ <small>Signature</small>	_____ <small>Date</small>
_____ <small>Dean of the Graduation School name</small>	_____ <small>Signature</small>	_____ <small>Date</small>