

Preliminary Exam Evaluation

*Each member of the examination committee must complete this form*

Student's Name: \_\_\_\_\_

Committee Member's Name: \_\_\_\_\_

Exam Date: \_\_\_\_\_

**Evaluation the following using a 1 to 5 scale (1=excellent; 5=unacceptable):**

<i>Central biological question clearly defined and significance conveyed?</i>		<i>Hypotheses stated clearly?</i>		<i>Aims effectively tested the hypotheses?</i>		<i>Pitfalls and alternatives were considered?</i>		<i>Breadth of knowledge proficiency (conceptual and technical)?</i>		<i>Exhibited independence and depth of thought?</i>	
Written	Oral	Written	Oral	Written	Oral	Written	Oral	Written	Oral	Written	Oral

**For scores in the range 3-5 please provide detailed constructive feedback.**

**What are the intellectual strengths of this student?**

**What are the intellectual weaknesses of this student? What might be proposed to address these weaknesses?**

Preliminary Exam Evaluation

**What is your overall evaluation of the student's performance in the Preliminary Examination?**

**Please Check One:**    **Pass** \_\_\_\_\_            **Conditional Pass** \_\_\_\_\_            **Fail** \_\_\_\_\_

For a conditional pass, please propose a specific remedial action required for a passing grade:

**Signature of Exam Committee Member** \_\_\_\_\_

**Signature of Program Chair** \_\_\_\_\_

**Signature of Student** \_\_\_\_\_

**Date** \_\_\_\_\_