Preliminary Exam Evaluation

Each member of the examination committee must complete this form

Student’s Name: ____________________ Committee Member’s Name: ____________________

Program: ___________ Exam Date: ___________

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

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

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 ____________________