POST-PRELIM EVALUATION

Student's Name/Signature: _____

Evaluation Scheduled for: _____

                                Date   **Time**   **Bldg**   **Room**

Name of PhD Advisor : _____ **(Chair)**

Names of Committee Members:

_____   _____

_____   _____

Signatures of Committee Members:

_____   ☐ Pass   ☐ Fail
Name   Date

_____   ☐ Pass   ☐ Fail
Name   Date

_____   ☐ Pass   ☐ Fail
Name   Date

_____   ☐ Pass   ☐ Fail

Name   Date

Comments/ Concerns (please be specific; this field is mandatory if the student received a Failing grade):