

Oral Examination

Date: _____

Student Name: _____

Student Number: _____

Committee Chair: _____
Name Signature

Committee Member: _____
Name Signature

Committee Member: _____
Name Signature

Committee Member: _____
(Optional) Name Signature

	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>
	<i>Unacceptable</i>	<i>Poor</i>	<i>Average</i>	<i>Very Good</i>	<i>Exceptional</i>
<i>Mastery of the subject matter</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Clarity of oral presentation</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Clarity of written document</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Ability to answer questions</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Appropriate methodology/experimentation</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Overall quality</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

EVALUATION

Pass **Fail**