

ANSC Graduate Outcome Thesis/Dissertation Defense Assessment Form

CHAIR'S SUMMARY

Degree: **M.S. Ph.D.** (circle one)

Date: _____ **Student name:** _____

Oral Presentation:

	Acceptable Excellent	Adequate	Unacceptable
Organization of Material			
Presentation of Research Question/Hypothesis			
Presentation of Approaches/Methods			
Significance of Research			
Ability to Answer Questions ('Think on one's Feet')			
Conclusions			
Future Directions			

Written Thesis/Dissertation:

	Acceptable Excellent	Adequate	Unacceptable
Background/ Review of Literature			
Research Problem			
Methods			
Significance of Research			
Conclusions			
Future Directions			

Number of publications: _____ *In press* _____ *Published*

Number of meeting presentations: _____ *Posters* _____ *Talks*

RESULT (Please check one):

- _____ a. To accept the dissertation/thesis without any recommended changes and sign the Report of Examining Committee
- _____ b. To accept the dissertation/thesis with recommendations for changes, and, except for the chair, sign the Report of the Examining Committee. The chair will check the dissertation/thesis and, upon his/her approval, sign the Report of Examining Committee
- _____ c. To recommend revisions to the dissertation/thesis and not sign the Report of Examining Committee until the student has made the changes and submitted the revised dissertation/thesis for the Examining Committee's approval. The Examining Committee members sign the Report of Examining Committee if they approve the revised dissertation/thesis.
- _____ d. To recommend revisions and convene a second meeting of the Examining Committee to review the dissertation/thesis and complete the student's defense.
- _____ e. To rule the dissertation (including its defense) or the thesis (including its examination) unsatisfactory. In that circumstance, the student fails. In cases of failure, the Examining Committee must specify in detail and in writing the nature of the deficiencies in the dissertation/thesis and/or the oral performance that led to the failure. This statement is to be submitted to the program's director of Graduate Studies, the Dean of the Graduate School and the student.

Chair (Print Name then Sign) _____

Dean's Representative _____

Program Director _____

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COMMITTEE MEMBER

Committee Member 1 2 3 4 5

Date: _____ **Student name:** _____

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