QUALIFYING EXAMINATION EVALUATION FORM
for

_____
(Student's Name)

☐ General Field ☐ Special Field ☐ Research Methodology

INSTRUCTIONS TO READER: Please check the line below which best indicates your evaluation of this Qualifying Examination.

☐ Excellent doctoral work (Please provide comments or feedback below.)

☐ Satisfactory doctoral work (Please provide comments or feedback below.)

☐ Satisfactory doctoral work pending specified revisions (Please provide specific comments and recommendations, including a deadline, below.)

☐ Unsatisfactory doctoral work (Please provide specific comments and recommendations below.)

COMMENTS AND/OR RECOMMENDATIONS:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____ _____
Signature Reader's Name Date of Evaluation

Return form to Graduate Programs Secretary at 311 Education, MC-708
or 1310 South Sixth Street, Champaign, IL 61820.