



Examiners Evaluation Form

Each member of the examination committee completes this form.

Evaluators are expected to return the signed form in 30 days after receiving the Thesis/Dissertation, and before the students' defense is confirmed and announced.

Name: QU ID:

Department: College:

Thesis/Dissertation Title:

Degree type: Master PhD

Expected Examination Date:

Examiner Name: Institution:

Department: College:

Please critique the thesis/dissertation in this section. Please rate each of the criteria in a scale of 1 (inadequate), 3 (meets expectation) and 5 (exceptional). Please note that a rating of 3 and above is passing. Please assess the following categories:

Evidence of critical evaluation of existing literature [rating]

Adequacy of research design and execution [rating]

Analysis and presentation of results [rating]

Coherent and reasoned conclusion beyond that exist in the literature [rating]



Quality of Presentation and Writing [rating]

Overall Thesis /Dissertation Evaluation (use additional pages if needed)

Overall Recommendation Yes No
Proceed with student defense:

Examiner Signature:

Date: