

ORAL DEFENSE
GRADUATE SCHOOL
SOUTHERN ILLINOIS UNIVERSITY

An evaluation of Eligibility for the _____ degree in _____
as reported by members of the final examination committee.

Name of Student ID Number

1. Evaluation of Oral Defense of: Dissertation
- Thesis
- Research Report

Title: _____

2. Members of the examining committee and their evaluation of the oral defense:

| Recommended | | Name (print or type) | Signature | Check if Chair or Co-Chair |
|--------------------------|--------------------------|-------------------------|-----------|----------------------------------|
| Yes | No | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ | <input type="checkbox"/> |

DATE _____