**Dissertation Defense Evaluation Form**

*(To be completed by chair of the dissertation defense committee)*

Student’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PhD Criteria:**

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| **Evaluation Area** | **Criteria** | **Result** |
| **Problem Solving Skills** | Proficiency in problem solving skills exhibited in the dissertation defense | Pass / Fail |
| **Communication Skills** | Proficiency in presentation and written skills exhibited in the dissertation defense | Pass / Fail |
|  |  |  |
| **Chair’s Printed Name** | **Signature of Chair** | **Date** |