

Thesis Defense Evaluation Form

Print and bring one copy of this form to the scheduled thesis defense. The chair of the supervisory committee must return the completed form to the student's [graduate academic advisor](#) within 24 hours of the completion of the defense.

For the defense process and evaluation criteria, students and committee members should consult the pertinent degree program handbook:

<https://english.asu.edu/students/graduate-experience/graduate-advising/graduate-handbooks>

Student's Full Name: _____

Degree Program: _____

ASU ID: _____

Defense Date: _____

Supervisory Committee Evaluation:

Each committee member will vote "pass" or "fail" for the defense based on the stated evaluation criteria. A tie vote will result in a failed defense.

Committee Member's Name	Role (i.e. Chair, Co-Chair, Member)	Evaluation (pass / fail)	Signature

Result: _____

Supervisory Committee Brief Evaluative Comments:

By signing below, the student acknowledges having seen the supervisory committee's evaluation and brief comments.

Student's Signature

Date