

## Oral Comprehensive Exam Evaluation Form

Print and bring one copy of this form to the scheduled oral comprehensive exam. 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 exam.

For the examination 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:** \_\_\_\_\_

**Exam Date** \_\_\_\_\_

**Supervisory Committee Evaluation:**

Each committee member's ranking will be scored as follows: high pass = 3, pass = 2, low pass = 1, fail = 0. An average of the scores, rounded up to the nearest whole number at .5 or higher, will determine the result.

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

**Result:** \_\_\_\_\_

*See second page for Evaluative Comments.*

**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**