

**PhD Comprehensive Examiners Evaluation Form**

To the Chair of the Evaluation Board:

**Re: Oral Ph.D. Candidacy Evaluation**

**Student Name:**

This is to inform you that I find the Candidate's performance during my evaluation as:

|   |
|---|
|   |
| <input type="checkbox"/> Satisfactory   |
| <input type="checkbox"/> Unsatisfactory |

**Comments:**

The main reasons for finding the Candidate's performance unsatisfactory are:

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**Examiner's Name**

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**Date**

Please return this form to the Graduate Program Administrator, 4044 Dental Sciences Building.