

HDFS Preliminary Exam

DOCTORAL STUDENT EVALUATION FORM

Please complete the following and return directly to the student's advisor

Grade student received in your courses:

Course No. and Name	Grade
_____	_____
_____	_____
_____	_____

Based upon any experiences you have had with this student, please rate the following on a 1-5 scale (1 – lowest, 5 – highest).

RATING

- _____ 1. Capability of completing work in the program specialization.
- _____ 2. Degree of fit between student ability/interests and program specialization.
- _____ 3. Organizational/time management skills.
- _____ 4. Writing skills.
- _____ 5. Potential for contributing to the discipline in specialization area (Primarily for Ph.D. candidates).
- _____ 6. In your opinion, should this student be admitted to candidacy in the program specialization (Yes, No, or comment below).

COMMENTS

Evaluator's signature

Date