

QUALIFYING PAPER EVALUATION

Name of Student _____

Title of Paper _____

Check whether this is your first or second qualifying paper

First _____ Second _____

(If this is the second, please list the title and the readers of your previous paper)

1st Reader _____

2nd Reader _____

3rd Reader _____

Committee Members:

1st Reader: Name _____ Signature _____ Date _____

2nd Reader: Name _____ Signature _____ Date _____

3rd Reader: Name _____ Signature _____ Date _____

Evaluation: (Exceptional, High Pass, Pass, Unsatisfactory)

1st Reader _____

2nd Reader _____

3rd Reader _____

Approved _____ Date _____
(Graduate Director)