HISTORY DEPARTMENT

Thesis Evaluation Form

UO ID: _______________________

Student name ______________________  ______________________  ______________________  Admit date: _____________  _____________

Last  First  MI  Term  Year

Email: ___________________________________________

Phone: __________________________

Advisor: _______________________

Oral Defense: __________________________  __________________________  __________________________

Date  Time  Location

Final Thesis Title: _______________________________________________________________________________________

Submit this form to the Academic Coordinator (10) days before your scheduled defense.

Committee Decision (circle one):  FAIL  PASS WITH HONORS  PASS WITH DISTINCTION

Decision Withheld Pending Revisions: ______  Revision Deadline: ______________

Please fill in the information below only in the case of withheld decision. The committee may decide to withhold only a Pass with Honors or a Pass with Distinction until necessary revisions are complete by the deadline noted below. The Primary Thesis Advisor retains the form. When revisions have been accepted, the student will return the signed form to the Academic Coordinator. If, at the end of the defense, the student elects not to make the revisions, the Thesis Representative will return this form to the Academic Coordinator. Please fill in all the information below.

Revisions (including title changes): ________________________________________________

______________________________________________________________________________

☐ Student elects not to make revisions.    ☐ Student agrees to make revisions

Signature: __________________________________________  Date: ______________

Revisions were:

☐ Completed and accepted  ☐ Completed, but inadequate  ☐ Not completed by deadline

Signature: __________________________________________  Date ______________

Primary Thesis Advisor

Committee Chair: (to be signed at the conclusion of the thesis defense)

Name: ______________________________Signature: ______________________________Date: ______________

Dept.: ______________  Phone: ______________  Email: ______________

Committee member: (to be signed at the conclusion of the thesis defense)

Name: ______________________________Signature: ______________________________Date: ______________

Dept.: ______________  Phone: ______________  Email: ______________

Committee member: (to be signed at the conclusion of the thesis defense)

Name: ______________________________Signature: ______________________________Date: ______________

Dept.: ______________  Phone: ______________  Email: ______________