



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: _____
Student

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: _____