Thesis/Dissertation Defense
External Observer

Name of student: ____________________________________________________________


Student’s Home Department: __________________________________________________

Date of Defense: ___________________________________________________________________

Did the student make an oral presentation? YES □  NO □

If so, how long did the presentation last? ___________________________________________________________________

Were non-committee members present for the presentation? YES □  NO □

How long did the total exam last (including public presentation and defense/committee Q&A)? __________

Was the exam conducted in a mutually respectful and professional manner? YES □  NO □

Any Comments

Was the student asked questions that appeared to be at an appropriate level of rigor? YES □  NO □

Any Comments

Was the student provided adequate time to answer questions? YES □  NO □

Any Comments

Any additional comments or concerns? If necessary use reverse side of form.

Name of evaluator: ____________________________________________________________

(Print) (Signature)