**Critical Analysis Result Form (Oral Exam)**

Student’s Name:

Oral Examination Result (Circle One):

PASS FAIL

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**Specific Feedback**

**Strengths of the exam:**

**Areas for improvement:**

**Additional Comments:**

Committee Chair:

Committee Member (Advisor):

Committee Member:

\*\*This form must be submitted electronically to the Director of Graduate Programs and the student immediately following the examination.