

Critical Analysis Result Form (Written Exam)

Student's Name:

Exam Date:

Written Examination Result (Circle One):

PASS

MINOR REVISION*

MAJOR REVISION*

FAIL

(Second exam only)

Specific Feedback

Strengths of the exam:

Areas for improvement:

Additional questions/issues to consider prior to oral examination:

***Specific revisions required:**

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.