



Examiner's Report on Dissertation

___ Internal Examiner

___ External Examiner

Name of Candidate: _____

Degree Sought: _____

Academic Unit: _____

Title of Thesis: _____

Indicate your assessment of the thesis by checking one of the boxes below.

___ **Accepted**

___ **Accepted Subject to Revisions**

- Please indicate suggested revisions.

___ **Appreciable Revisions Required**

- If you choose this category please indicate the revisions required before you would find the thesis acceptable. If ranked in this category, the revised thesis will be returned to you for final acceptance.

___ **Thesis Rejected**

- A choice of "Rejected" means that the thesis is of insufficient worth to be counted as credit toward a Doctoral degree.

Enter comments regarding your choice and/or specific revisions:

Examiner (Print Name)

Examiner (Signature)

Date