



**INDIVIDUAL EXAMINATION RATING SHEET  
SCHOOL OF GRADUATE STUDIES**

Name of Candidate: \_\_\_\_\_  
*(Last)* *(First)* *(Middle)*

Student ID#: \_\_\_\_\_

College: \_\_\_\_\_ Department: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Individual Examination Rating:

Grade:                      Satisfactory                      Unsatisfactory  
*(circle one)*

Remarks:

Chairperson (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***Send completed form to:  
School of Graduate Studies  
Mail Stop 3400***