Graduate Thesis Defense Feedback Form

Student Name	
Student ID	
Thesis Title	
Defense Date	
Supervisor	
Committee Members	
Presentation Quality	
	<u> </u>
Thesis Content Quality	
	<u> </u>
Defense Performance	
	<u>_</u>
Strengths	
Weaknesses	
Suggestions for Improvement	
Suggestions for Improvement	
Suggestions for Improvement	

	•
Evaluator Name	
Signature	
Date	