

**Department of Mathematics and Statistics: Dissertation Evaluation Form**

Student: \_\_\_\_\_ Program: Ph.D. in Computational Mathematics

Advisor: \_\_\_\_\_

Title: \_\_\_\_\_

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

*The dissertation must conform to rules established by the UNCG Graduate Studies Committee. The dissertation, presentation, and oral defense must be acceptable to each member of the dissertation committee.*

Evaluation of oral dissertation presentation:  **Unsatisfactory**  **Satisfactory**

Evaluation of oral defense of dissertation:  **Unsatisfactory**  **Satisfactory**

Evaluation of dissertation:  **Unsatisfactory**  **Satisfactory**

NAME

SIGNATURE

Committee: \_\_\_\_\_ (Chair)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_