



Final oral assessment form

Note: This form is meant to be filled out in Word, then printed and signed.

Student:

Student ID #:

Degree: Master of Science

Program: Ocean, Coastal, and Earth Sciences

The following members of the student's graduate committee attended the student's final oral thesis defense

and acknowledge completion of the assessment on **date:** _____

SLO assessment data

Rate the student's performance (5 = excellent, 4 = good, 3 = average, 2 = fair, 1 = poor; #7 Y/N)

Subject area	Supervisor	Committee #1	Committee #2	Committee #3
1) Verbal Communication				
2) Written Thesis				
3) Analysis and Interpretation				
4) Knowledge of Ocean Processes				
5) Knowledge of Coastal Processes				
6) Knowledge of Earth Processes				
7) Did the student design and carry out –the research project presented?				
Committee member's initials				

Employment or Doctoral Studies in the Field:

1. Within six months of graduation, has the graduated student obtained employment related to the field of study in this degree? (Y/N)
2. Within six months of graduation, has the graduated student been accepted into a program for a more advanced degree (e.g., Ph.D.) (Y/N)

Contact for follow-up information: email: _____ phone: _____

_____, supervisor _____ Date

_____, committee member _____ Date

_____, committee member _____ Date

_____, committee member _____ Date