DOCTORAL THESIS EXAMINATION FORM
(to be completed by examiner)

1. **Acceptability of Thesis**

1.1 In my opinion, this thesis is acceptable as doctoral dissertation submitted:

- In its present form
- After minor formal corrections and punctuation (spelling, reference citations, etc.) according to the enclosed list.
  
  With the approval of the adviser_ _ _ _ _ _ _ _ _ or the referee_ _ _ _ _ _ _ _ _
- After substantial corrections and clarifications
  
  With the approval of the adviser_ _ _ _ _ _ _ _ _ or the referee_ _ _ _ _ _ _ _ _
- After revision of the entire thesis or major portions thereof,
  
  (it will be returned to the examiner for final approval).

1.2 _____ In my opinion, this work is not acceptable as a doctoral thesis.

1.3 _____ I ask that my name not be revealed.

1.4 _____ I agree that my signed opinion be relayed both to the student and to the advisor(s).
2. **Detailed Comments**

   Please evaluate the thesis as follows:

2.1 **Summary of the results obtained.** Please emphasize the new approaches to the subject matter and its contribution to the advancement of knowledge in the field. Should you consider the work not acceptable as a doctoral thesis, please explain your reasons in detail.

2.2 **Evaluation of the written presentation.** Please consider the completeness of the thesis the ability of the student to present his/her ideas. If corrections are required, please list them on a separate page.

2.3 **Evaluation of the research work.** Please consider the quality and scientific level of the work. Should you request essential corrections, changes, or student response to your arguments. Please write this information on a separate page.

2.4 **Revision of parts of the thesis.** Any request for modifications or revisions of this thesis should be written on a separate page for the student so that your identity can remain anonymous.

3. **Return of Evaluation Form and Thesis**

   You are kindly asked to return the thesis and your evaluation within 12 weeks of the date of receipt. If you cannot complete it within that period, please contact immediately the office of the Kreitman School.

   ___________________________    ___________________________
   Signature                 Date