ביה"ס ללימודי מחקר מתקדמים ע"ש קרייטמן The Kreitman School of Advanced Graduate Studies



Name of Examiner:

Address of Examiner: Name of Student: Title of Thesis: " Name(s) of Advisor (s):

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Place of Research: Ben-gurion University



DOCTORAL THESIS EXAMINATION FORM

(to be completed by examiner)

Acceptability of Thesis 1.

•	iceptability of Thebib				
1.1	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 adviseror the referee				
•	After substantial corrections and clarifications				
	With the approval of the adviseror the referee				
 After revision of the entire thesis or major portions thereof, 					
	(it will be returned to th 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 /	Lagran that my signed oninion he releved both to the student and to the advisor(s)				
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.

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Signature		Date	