WESTERN OREGON
UNIVERSITY

MASTER'S DEGREE FINAL EVALUATION REPORT

1. For those candidates that complete a non-testing exit requirement, the final meeting with the supervisory committee will take the place of the written examinations. During this meeting, all aspects of the candidate's program will be reviewed. The thesis, professional project, portfolio, etc. which the candidate has completed in lieu of other requirements will be the main concern of the evaluation committee. The committee, however, should extend the examination into areas of knowledge and competency which may not be drawn upon in the culminating project.

2. The committee should validate that the candidate has attained the competency and knowledge expected of one who has earned the Master's degree in the particular area of the candidate's program.

3. Please report your assessment of the candidate. The committee might report that the candidate has met this requirement satisfactorily and recommend that s/he be awarded the appropriate degree. (NOTE: In some programs there may be additional exit requirements.) On the other hand, the committee may need to report an unsatisfactory level of competence and recommend that the degree not be awarded. In this instance, please recommend any remedial activities or alternatives which are appropriate.

Name of candidate:_____ Date of report:_____

Type of exit requirement:_____

The supervisory committee has met with the candidate for a final evaluation in which all aspects of the candidate's program were reviewed. The committee's assessment and recommendations are:

A grade of _____ for _____ quarter hours of credit

Level of performance in the oral interview:
- ☐ Above Average
- ☐ Average
- ☐ Below Average
- ☐ Failing

As appropriate, the quality of the candidate's exit requirement is: ☐ Satisfactory ☐ Unsatisfactory

Recommendations:
- ☐ Degree should be awarded
- ☐ Degree should not be awarded (*Attach Remediation Plan to form*)
- ☐ Recommend for Continuing License ONLY (APD Candidates)

Committee Chair:

Name:_____ Signature:_____ Date:_____

Committee Members:

Name:_____ Signature:_____ Date:_____

Name:_____ Signature:_____ Date:_____