REPORT ON THESIS OR DISSERTATION

Author: ___________________  ID#: __________  Graduate Unit: ___________________

Dissertation or Thesis Director: ___________________  Reader: ___________________

Title of Thesis or Dissertation: ___________________

1. Please rate the thesis or dissertation on the following:

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Inferior</th>
</tr>
</thead>
</table>
   a. Substance |          |         |      |      |          |
   b. Methodology |       |         |      |      |          |
   c. Originality |        |         |      |      |          |
   d. Style |         |         |      |      |          |
   e. Evaluation of the work as a whole | | | | |

2. Please summarize briefly your reaction to the thesis or dissertation.

   ___________________________________________________________

3. Do you recommend the acceptance of this manuscript for the degree?

   [ ] Yes    [ ] No

   Reader: Please sign and pass this form to the committee chairperson.

   ___________________________________________    _____________________________
   Reader                                     Date
   ___________________________________________
   Chairperson of Committee                    Date
   ___________________________________________
   Chairperson, Major Graduate Unit           Date

Graduate Unit Chairperson: Please collect all readers’ forms and submit to the Graduate Office in sealed envelope.