**Capstone Experience/Thesis**

**Final Evaluation**

Students should type in appropriate information before printing and bring to the defense. This form must be submitted to the Honors College by a member of the CE/T committee immediately following the defense.

|  |  |  |
| --- | --- | --- |
| **Student Name:** | **Phone:** | **Email:** |
|  |  |  |
| **Defense date, time, and location:** | | |
|  | | |
| **Final CE/T Title:** | | |
|  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The following section to be completed by third reader: | | | | |
| Pass With Distinction | Pass With Honors | Pass | Fail | Decision Withheld Pending Revisions\* |
| The following sections to be completed by first and second readers: | | | | |
| Letter Grade: HON 403: \_\_\_\_\_\_\_\_\_ HON 404: \_\_\_\_\_\_\_\_\_ | | | | |
| **\*Decision Withheld Pending Revisions**  Revisions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Revision Deadline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Please ensure the following section is filled out and understood by student and committee. | | | | |
| Decision to be awarded if revisions are completed and accepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Decision to be awarded if revisions are inadequate or not completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_ Student elects to make revisions. \_\_\_\_\_ Student elects NOT to make revisions.  Signature, Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Revision Outcomes: Completed/Inadequate/Not completed should be sent via email to Dr. Baylis (**[**leslie.baylis@wku.edu**](mailto:leslie.baylis@wku.edu)**) by the primary or secondary CE/T reader on or before the revision deadline.** | | | | |

**Primary CE/T Reader** *(to be signed at the conclusion of the CE/T Defense):*

|  |  |  |
| --- | --- | --- |
| Name: | Signature: | Date: |
| Department: | Email: | Phone: |

**Secondary CE/T Reader** *(to be signed at the conclusion of the CE/T Defense):*

|  |  |  |
| --- | --- | --- |
| Name: | Signature: | Date: |
| Department: | Email: | Phone: |

**Honors College CE/T Representative** *(to be signed at the conclusion of the CE/T Defense):*

|  |  |  |
| --- | --- | --- |
| Name: | Signature: | Date: |
| Department: | Email: | Phone: |