

# Diagnostic Exam Evaluation Form

Student Name:

Date:

Time:

Room: \_\_\_\_\_

Advisor:

Committee Member:

Committee Member:

Additional Member:

Outcome of  
Diagnostic  
Exam:

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Expectations  
and  
Deficiencies

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Pass:

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Fail:

Expected date of re-take of exam: \_\_\_\_\_

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Enter Additional Notes.