## **Candidacy Extension/Outreach Evaluation**

Student Name:	Degree Program: □ MS □	PhD
Final Examination Date:	Evaluation Date:	
Evaluating Committee Members Chair: Name: Name: Name: Name:	Affiliation: Affiliation:	
	present the overall consensus of the evaluating co	
fulfil the FNR extension/outreach progr □ Below □ Met □ Exceeded	ats generated by the candidate met the expectaram requirements. Please list these outputs or detail must be provided below.	n Page 2.
Explanation/Comment(s):		
Chair or Co-chair Signature:	Date:	
The following section should be compl	eted by the graduate student.	
Do you concur with the above evaluati	ion?	☐ Yes ☐ No
Explanation/Comment(s):		
Student Signature:	Date:	

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irrent degree.

