

Doctoral Committee Evaluation

Thank you for agreeing to review: _____ chapter _____.
(student name) (chapter number)

Please complete, sign, and return this form to the above named student, who will in turn mail this form to:

Dr. Deanne Quarrie
Liminal Theological Seminary
1443 Coronado Hills Drive #104
Austin, Texas 78752 USA

If you have any questions on the below form, please do not hesitate to contact Dr. Quarrie at 737-235-4311.

I certify that I have reviewed the above student's submitted chapter in full.

My general comments to the above student on their chapter may be summarized as follows (please use additional paper if necessary):

Name of Reviewer (please print)

Date

Signature of Reviewer

Date

Preferred Contact Information (address, phone, or email): _____
