

## **Research Proposal Exam: Evaluation Form**

Students please fill out this form and give it to the committee members at your oral exam. After the oral exam, please give the completed form to the path coordinator. *In addition, bring the prelim warrant to the oral exam and return the signed warrant to the graduate student coordinator.* 

Student Nam	e:		Signature:				
Committee Member:			Signature:				
Committee Member:			Signature:				
Committee M	ember:		Signature:				
Committee Member:			Signature:				
Date of Exam	:		_				
Grade:		Pass:	For Pass, Circle one:				
			3 = Meets Program Expectations				
		Conditional Pass	5 = Exceeds Program Expectations				
		Fail	1 = Does Not Meet Program Expectations				
If a special assignment is made, please supply the following information:							

Due date for assignment \_\_\_\_\_

Name of faculty member who will grade the assignment \_\_\_\_\_

## **Rating and Comments:**

- 1 = Does Not Meet Program Expectations
- **3 = Meets Program Expectations**
- 5 = Exceeds Program Expectations

1.	Scientific merit: Novelty & significance Comments:	1	3	5
2.	Research design: Will it work? Comments:	1	3	5
3.	Appropriateness of project scope: Can this project be completed by 1 person in 2 years? Comments:	1	3	5
4.	Quality of oral presentation and response to questions Comments:	1	3	5

5. Quality of written report 1 3 5 Comments:

6. Other comments: