

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 Member:			Signature:					
			Signature:					
Data of Even								
Date of Exam	1:		_					
Grade:		Pass:	For Pass, Circle one:					
			3 = Meets Program Expectations 5 = Exceeds Program Expectations					
		Conditional Pass						
		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:

3 = Meets Program Expectations

1 = Does Not Meet Program Expectations

5 = Ex	ceeds 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 Comments:	1	3	5
6.	Other comments:			