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 a copy to the path coordinator and graduate student coordinator. In addition, bring the prelim warrant to the oral exam and return the signed warrant to the graduate student coordinator.

Student Name: ______________________ Signature: ______________________

Committee Member: ______________________ Signature: ______________________
Committee Member: ______________________ Signature: ______________________
Committee Member: ______________________ Signature: ______________________
Committee Member: ______________________ Signature: ______________________
Committee Member: ______________________ Signature: ______________________

Date of Exam: ______________________

Grade: _____ Pass: _____ Conditional Pass
For Pass, Circle one:
3 = Meets Program Expectations
5 = Exceeds Program Expectations
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:

2. Research design: Will it work?
   Comments:

3. Appropriateness of project scope:
   Can this project be completed by 1 person in 2 years?
   Comments:

4. Quality of oral presentation and response to questions
   Comments:

5. Quality of written report
   Comments:

6. Other comments: