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 Graduate Program Office (room 2108) or in the Graduate Program mailbox. In addition, bring the prelim warrant to the oral exam and return the signed warrant to the Graduate Program Office.

Student Name: ______________________ Signature: ______________________

Committee Member: ______________________ Signature: ______________________

Committee Member: ______________________ Signature: ______________________

Committee Member: ______________________ Signature: ______________________

Committee Member: ______________________ Signature: ______________________

Date of Exam: ______________________

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:

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: