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 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 1 3 5
   Comments:

2. Research design: Will it work? 1 3 5
   Comments:

3. Appropriateness of project scope: 1 3 5
   Can this project be completed by 1 person in 2 years?
   Comments:

4. Quality of oral presentation and response to questions 1 3 5
   Comments:

5. Quality of written report 1 3 5
   Comments:

6. Other comments: