Evaluation Sheet
(Qualifying Oral Examination)

Title of the Proposal:

Name of Applicant: ____________________________ Date: __________

For evaluation:
Please evaluate the proposal on the basis of its rationale, methodology, chances of success, and quality of writing, etc. with brief comments (>70 = pass; 40-69 = Conditional Pass; <40 = Fail). Especially in the case of a Fail or Conditional Pass, please comment in detail and let the student know the results immediately.

SCORE: ____________________________

Remark: ___________________________________________________________________

Evaluator: ___________________________________________________________________
Affiliation ____________________________ Name ____________________________ Signature ____________________________