

DEPARTMENT OF MICROBIOLOGY
CANDIDACY EXAMINATION – RESEARCH PROPOSAL EVALUATION FORM

NAME OF EXAMINEE:

TITLE OF PROPOSAL:

NAME OF COMMITTEE MEMBER:

DATE OF DISTRIBUTION OF PROPOSAL:

DATE OF REQUIRED RETURN OF REVIEW:

Overall Rating of Proposal: High Pass, Pass, or Unacceptable
Strengths

Weaknesses

Significance: High Pass, Pass, or Unacceptable
Strengths

Weaknesses

Innovation: High Pass, Pass, or Unacceptable
Strengths

Weaknesses

Approach: High Pass, Pass, or Unacceptable
Strengths

Weaknesses