**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: Satisfactory or Unsatisfactory

Strengths

Weaknesses

# Significance & Innovation: Satisfactory or Unsatisfactory

# Strengths

Weaknesses

# Approach: Satisfactory or Unsatisfactory

Strengths

Weaknesses