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