

Ph.D. Thesis Proposal Defense Evaluation Form

Complete Sections A and B and bring this form to your thesis proposal defense.

A. Student Information

Name: _____ Email: _____
 Office (bldg/room): _____ Off. Tel: _____
 Year entered CBE program (semester/year): _____
 Dissertation advisor: _____
 Dissertation Title: _____

 Defense Date: _____

B. Thesis Proposal Committee (4 members from the CBE program)

1. Committee Chair (not student's advisor): _____
2. Dissertation Advisor: _____
3. CBE Faculty: _____
4. Graduate Program Director: _____
5. Other (optional): _____

C. Evaluation and Recommendation (to be completed by committee chair)

Please evaluate the student's	Excellent	Satisfactory	Marginal	Unsatisfactory
1. Knowledge of the relevance and uniqueness of the project	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Knowledge of the research field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Understanding of the relevant theoretical and experimental methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ability to design a sound research strategy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Ability to identify and apply principles of chemical engineering, biology, chemistry, physics, and/or mathematics required for the research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The committee's decision is (*check one box only; if conditional pass, please specify conditions in Section D*)

Pass

Conditional Pass

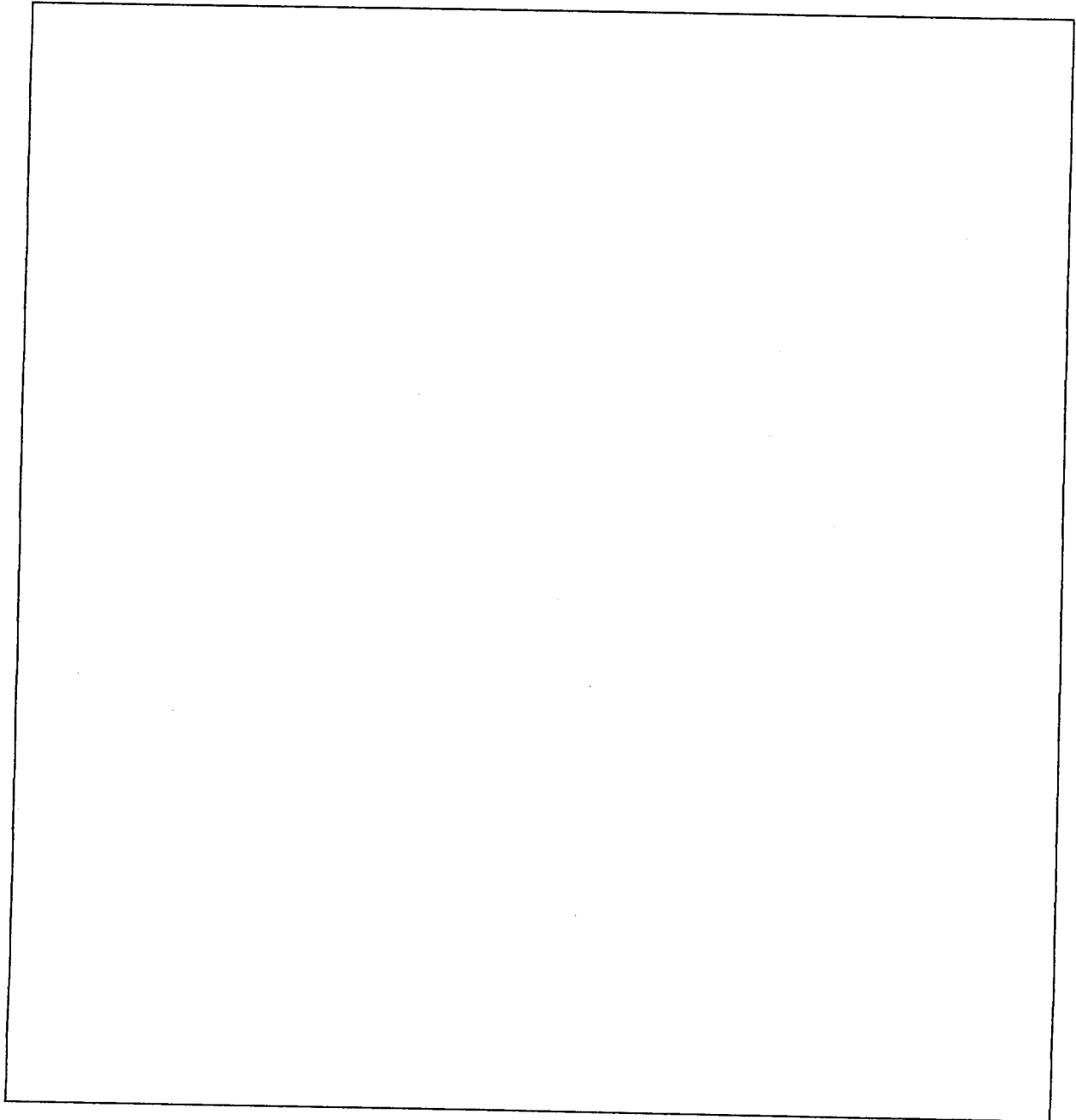
Fail

Student's Name: _____

D. Committee's Comments (to be completed by committee chair)

Committee's comments and conditions (if conditional pass)

Use separate sheets, if necessary.



Signature of committee chair

Date