This form must be completed by each member of the Examination Committee and returned to the Committee Chair. The Committee Chair will summarize the comments and forward the summary and all comments to the student.

Student's Name: __________________________ Date of Exam: __________________________

Name of Committee Member: __________________________

Evaluate the following using an NIH 1.0 to 9.0 scale (1 = excellent; 9 = unacceptable)

1) Quality of the written proposal ___
2) Quality of the oral presentation ___
3) Defense of the proposal ___
4) Depth of general knowledge ___

Please comment on (attach additional pages as needed):

Strengths and weaknesses in the written proposal.

The student's performance in the oral exam.

Evaluation:

Written Proposal: Pass___ Fail____

Overall Evaluation Pass___ Provisional Pass ____ Fail____

Signature of Committee Member________________________________ Date _________________