MCDB Program - Candidacy Examination Research Proposal Evaluation Form
(To be completed by the student and distributed with the proposal to each member of the Advisory Committee.)

Student: ________________________________

Distribution Date of Proposal: ______________

Review Due Date: ______________

Title of Proposal: ________________________________

__________________________________________

__________________________________________

Faculty Evaluator: ________________________________

(To be completed by each member of the Advisory Committee and returned to the student's Advisor by the Review Due Date above.)

Overall Grading of Proposal (Check one):

Pass categories: 

_____ No revisions required

_____ Minor revisions required

_____ Significant revisions required

Fail category: 

_____ Unacceptable

Signature of Faculty Evaluator: ________________________________

Date of Review: ______________

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MCDB Program - Candidacy Examination Research Proposal Evaluation Form

Name of Student: ____________________________

COMMENTS/CRITIQUE (continue on additional sheets if necessary):
Comment on: (a) strengths of the proposal, (b) critical improvements that need to be made; (c) overall evaluation including whether the candidate may proceed with the oral portion of the Candidacy Exam, or whether the proposal requires revisions before proceeding to the oral. Note that only one round of revisions is allowed.