Proposal Rating Sheet

Student Name_________________________ Date of Conference_________________________
(if applicable)

Advisor______________________________

Reader(s)____________________________

_________________________ Grade (check one) __ P __ F

Rate each of the following aspects on a scale of 1-6:
(1) Truly Exceptional (2) Excellent (3) Very Good (4) Good (5) Fair (6) Poor

Originality________

Justification / Literature Precedent________

Experimental Design________

Written Presentation________

Overall Proposal Evaluation________

Comments (100 words minimum):

Reader signature_________________________

Advisor signature_________________________