

Student Performance Evaluation

(to be filled out by each member of the Advisory Committee)

Student Name _____ Evaluation Date _____

Oral Preliminary Exam

Dissertation/Thesis Defense

**Rate each area from 1 = poor to 10 = outstanding performance;
use NA if not applicable or unable to evaluate**

General Knowledge of Chemistry _____

Knowledge in Specialty Area of Chemistry _____

Communication Skills

 Written _____

 Oral _____

Research Problem Solving

 Ability to organize and define problem _____

 Ability to assemble and evaluate resources _____

 Ability to carry through research _____

 Ability to evaluate results _____

 Creativity _____

Comments

Please return this form to the Graduate Program Administrator