

**JEFFERSON COLLEGE OF GRADUATE STUDIES
RECORD OF Ph.D. STUDENT RESEARCH COMMITTEE MEETING
INDIVIDUAL RESEARCH COMMITTEE MEMBER'S EVALUATION**

Student's Name _____ Student's Program _____

Student's Advisor Name _____

Committee Member's Name _____

Committee Meeting Date _____

Committee Meeting Number 1__ 2__ 3__ 4__ 5__ 6__ 7__ 8__ 9__ 10__

A. Answer questions 1-3 using the following scale: 1 = Excellent; 2 = Acceptable; 3 = Below Expectations

1. With regard to research, the student's:

- a) effort since the last review was _____
- b) effort to date is _____

2. The student:

- a) clearly grasps the objective (s) of the research. _____
- b) understands the significance of the results to date. _____
- c) understands the limitations of the results to date. _____
- d) understands the future course of experiments to be done. _____
- e) shows the necessary laboratory skills and technical ability to carry on the research. _____

3. With regard to the presentations the student exhibits the ability to:

- a) organize data _____
- b) exchange ideas _____

B. Answer questions 4 and 5 by Rank Order: 1, 2, 3, 4 or 5 with the lowest number indicating the best possible assessment.

4. Assessment of the student's degree of original thought and contribution to the experimental design and overall scope of the project. _____

5. Assessment of the future research potential of the student. _____

C. Please answer yes or no.

6. Does the quantity and quality of the research presented represent significant progress toward the Ph.D. degree? _____

Please append additional comments and recommendations as needed.

**Original form should be maintained by the committee member.
A copy should be submitted to the Program Director.**

Revised 9-28-2005

**JEFFERSON COLLEGE OF GRADUATE STUDIES
RECORD OF Ph.D. STUDENT RESEARCH COMMITTEE MEETING
RESEARCH COMMITTEE CHAIR'S SUMMARY EVALUATION**

Student's Name _____ Student's Program _____

Student's Advisor Name _____

Committee Chair Name _____

Committee Meeting Date _____ Meeting Number 1__ 2__ 3__ 4__ 5__ 6__ 7__ 8__ 9__
10__

Please use the space below for your summary comments and recommendations based upon committee member evaluations. Please address the degree of success in meeting past goals, summarize major accomplishments, and describe future goals. Attach additional pages if needed.

Was the Ph.D. Thesis Proposal reviewed and approved at this meeting? Yes _____ No _____
If yes, submit a copy of the thesis proposal to the Program Director and to the Office of the Dean, JCGS

Was permission to write the Ph.D. thesis granted at this meeting? Yes _____ No _____
If yes, please indicate the format to be used: Traditional _____ Manuscript _____.

Signature of Committee Chair _____

Signature of Thesis Advisor _____

Signature of Student _____

**Original form, along with your attached summary comments, should be maintained by the
Research Committee Chair. Copies should be submitted to the Program Director and to the Office
of the Dean, JCGS, M-63 Alumni Hall.**

Revised 9-28-2005