

Research Proposal Evaluation Form for Ph.D. Student

Student Name:

Student ID:

Advisor:

Program: Cancer biology Infectious Disease Neuroscience Translational Medicine

Topic:

Date:

Performance on project implementation: (Experimental techniques, execution, future development, etc.)

Convener Signature:

Date:

* This report form was completed by the convener of the thesis counseling committee. Please return this form to the office for processing before Y M D.

(The assessment subjects are the students. Please do not give this form to the students to fill in)