**ISTAC PROPOSAL EVALUATION FORM**

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| --- | --- | --- | --- | --- |
| Type *(Please tick*) : |  | **Colloquium** |  | **Proposal Defense** |
| Programme *(Please tick*) : |  | **Master** |  | **PhD** |
| Student Name **:** |  | | | |
| Proposal Title : |  | | | |

**EVALUATION TOOL**

We appreciate your help in evaluating the proposal. Please indicate your rating of the presentation in the categories below by circling the appropriate number, using a scale of 1 (very poor) though 5 (excellent) use the space provided for additional comments. Please fill out both sides of this form:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. **Very poor** | 2. **poor** | 3. **Good** | 4. **Very good** | 5. **Excellent** |

1. Title 1 2 3 4 5

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2. Introduction 1 2 3 4 5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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3. Problem Statement 1 2 3 4 5

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4. Research Questions / Research Objectives 1 2 3 4 5

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5. Conceptual / Theoretical framework 1 2 3 4 5

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6. Research Methodology 1 2 3 4 5

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7. Literature 1 2 3 4 5

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8. Significance 1 2 3 4 5

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9. Chapterisation 1 2 3 4 5

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10. References 1 2 3 4 5

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11. Overall rating 1 2 3 4 5

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12. Summary of Corrections

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13. Proposal Recommendation

|  |  |
| --- | --- |
| Accepted without corrections |  |
| Accepted with corrections |  |
| Resubmit |  |

Name of Assessor :\_

Designation :\_