



THESIS EVALUATION FORM

PRINCIPAL INVESTIGATOR: _____

DEPARTMENT/PROGRAM _____ FACULTY ___ RESIDENT ___ STUDENT ___

PROJECT TITLE _____

1. Is the title descriptive and complete?
 Yes No Other _____
If no, explain _____
2. Is the literature review complete and adequate?
 Yes No Other _____
3. Are the Aim(s) of the project clearly stated?
 Yes No Other _____
4. Are the methods description clear and complete?
 Yes No Other _____
5. Type of study:
 Pilot Study Full Study
6. Is the research design reliable according to the objectives of the study?
 Yes No Other _____
7. Is the correct statistical design employed?
 Yes No Other _____
8. Are the results presented in graph and/or tables format, in an adequate and clear form?
 Yes No Other _____



9. Is the discussion related to the specific aims of the project?
() Yes () No () Other _____

10. Is the conclusion in accordance with the findings of the project?
() Yes () No () Other _____

11. This project should be:

- Approved as is
- Approved if the following recommendations are made:

- Not approved because:

Signature _____ Date _____