

Proposal Evaluation Form**Student's Information**

Full Name:	Student Number:	Nationality:
Phone Number:	Email Address:	
Program:	Department:	
School:	Year and Month of Admission:	
Date of proposal Submission:	File/Registry Number:	

Proposed Thesis: (A completed proposal submission form must be attached to this form)

Title:
Question/Problem statement:
Objectives (General and Practical):
Method in brief:

Research Team

1 st Supervisor	Name and Signature:	Academic Rank:
2 nd Supervisor	Name and Signature:	Academic Rank:
1 st Advisor	Name and Signature:	Academic Rank:
2 nd Advisor	Name and Signature:	Academic Rank:

Evaluation of the Proposal by the Department

This proposal was evaluated by the department and the following decision was made:

Decision:

- ☐ Approved
☐ Conditionally Approved (needs revision)
☐ NOT Approved

Comments:

Date of Evaluation	Department Educational Rep.	Signature of Department Dean

Step 2: Evaluation of the Proposal by the School's Postgraduate Council

This proposal was evaluated by the School's Postgraduate Council and the following decision was made:

Decision:

- ☐ Approved
☐ Conditionally Approved (needs revision)
☐ NOT Approved

Comments:

Date of Evaluation	Signature of School's Vice Dean for Education