Dept. of Computer and Information Sciences, University of Delaware
PhD Research Prelims Evaluation Form

To be filled by the Advisor and each of the Committee Member(s) at the end of the Preliminary Research Exam. The advisor should return the completed and signed forms to the Graduate Academic Support Coordinator (Teresa Louis) within no more than 24 hours after the exam.

Date:
Student Name:

Please rate each of the items below on a scale of 1-5 (where 1 is Unsatisfactory and 5 is Excellent):

**Research Report:**
1) Meets page limits (<=20 not including bib) and proper technical document structure:
2) Provides complete and well-structured bibliography:
3) Attributes ideas and previous-work to their right source, through correct use of cross-references/citations:
4) Shows good use of language and grammar;
5) Shows proper use of figures, tables and formulae as needed:
6) Presents correct and complete factual information and/or follows sound scientific principles:

**Overall research and presentation quality (based on both written report and oral exam):**
Throughout the presentation and the report assess how well the student has demonstrated:
1) Understanding of the motivation for the work or main problem addressed: Written___ Oral___
2) Understanding of the relevant background: Written___ Oral___
3) Critical thinking (e.g. Ability to point out weaknesses in others’ and own work): Written___ Oral___
4) Creative thinking (e.g. Ability to address flaws, identify implications and future directions): Written___ Oral___
5) Good presentation and organization skills: Written___ Oral___
6) Ability to provide clear, accurate and correct answers to questions: Written___ Oral___

Please circle your overall recommendation for the research prelim component: Pass / Fail / Conditional-Pass

Provide any additional comment that you would like to be considered during the faculty discussion:
(This part is mandatory in the case of Conditional-Pass)
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Advisor/Examiner Name (please print): ___________________________ Signature: ___________________________