

SEMINAR/RESEARCH PRESENTATION EVALUATION FORM**DEPARTMENT OF PHARMACOLOGY AND THERAPEUTICS**

Date: _____

Annual Research Presentation: ____ Seminar (Course # if appropriate): ____ Other: ____

Name of Graduate Student: _____

Title of Project: _____

Name of Supervisor: _____ Name of Examiner: _____

Rate each Section from 1-10 using the following guideline.

1-3	Unacceptable
4-5	Acceptable
6-7	Average Quality with Minor Defects
8	Good
9	Superior (something extra to distinguish it from an otherwise well done project)
10	Extraordinary

Oral Presentation (note: configuration below will not fit all talks):

1. Organization_____

2. Clarity of presentation

Background....._____

Hypothesis_____

Methods (Controls, Statistics)....._____

Results....._____

Conclusions....._____

3. Visual Aids (Slides, Overheads, etc.)....._____

4. Response to questions

Knowledge of research area and literature....._____

Knowledge of techniques....._____

Defense of experimental results....._____

Total Grade....._____/100 _____

COMMENTS: _____
