

STUDENT NAME _____

Evaluation of Level 2 Pilot Study upon completion of Oral Presentation:

(Check one)

- _____ A.) Fulfilled Level 2 requirement with no further revisions of the pilot study report needed.
- _____ B.) Fulfilled Level 2 requirement upon completion of minor revisions to be reviewed by the primary faculty adviser only.
- _____ C.) Fulfilled the Level 2 requirement upon completion of revisions to be reviewed by the two-member faculty committee.
- _____ D.) Not fulfilled the Level 2 requirement.

Two Committee Members:

1. _____
Name Primary Adviser

2. _____
Name Secondary Adviser

Signature Primary Adviser _____ Date: _____

Signature Secondary Adviser _____ Date: _____

Bottom half to be signed subsequently (post presentation), only if B or C options checked above, when student completes requested revisions that are graded acceptable by faculty.

Final Evaluation of Level 2 Pilot Study:

(If B. or C. above) Student's revisions are accepted by primary faculty adviser.

Signature Primary adviser: _____ Date: _____

(If C. above) Student's revisions accepted also by the faculty committee.

Signature Secondary adviser: _____ Date: _____