



**Department of Pathology  
Internal Student Evaluation Form**

Student completes first page

Student Name: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Year enrolled in MSc Program: \_\_\_\_\_

Thesis proposal approved? Yes  No  Date approved: \_\_\_\_\_

Projected Date of Completion: \_\_\_\_\_. Has this changed from the original projected date?

Yes \_\_\_ NO \_\_\_. If yes, give details \_\_\_\_\_

Courses completed (include credit hours and grades):

1. \_\_\_\_\_ Credit Hours \_\_\_\_\_ Grade \_\_\_\_\_

2. \_\_\_\_\_ Credit Hours \_\_\_\_\_ Grade \_\_\_\_\_

Courses in progress (or plan to take):

1. \_\_\_\_\_ Credit Hours \_\_\_\_\_

2. \_\_\_\_\_ Credit Hours \_\_\_\_\_

Publications: (Please provide full citation for publications submitted, accepted and/or in press, conference name, etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Studentships (List studentships/scholarships held or applied for in the last year. Indicate whether application is pending and/or awarded.)

1. \_\_\_\_\_

2. \_\_\_\_\_

Awards (eg. Poster/Presentation awards, Departmental, Faculty or University awards, etc.)

1. \_\_\_\_\_

2. \_\_\_\_\_

Evaluator fills in page 2

**Evaluation:** (check the number that best reflects your opinion of the student)

(1 =needs improvement; 5 =excellent)

- |   |  |                            |                            |                            |                            |                            |                                      |
|---|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------------------------------|
| 1 | Apparent background knowledge            | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | can't judge <input type="checkbox"/> |
| 2 | Knowledge of research topic/literature   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | can't judge <input type="checkbox"/> |
| 3 | Knowledge of broader research area       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | can't judge <input type="checkbox"/> |
| 4 | Verbal skills (i.e. command of language) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | can't judge <input type="checkbox"/> |
| 5 | Ability to use and organize known facts  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | can't judge <input type="checkbox"/> |
| 6 | Ability to organize thoughts             | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | can't judge <input type="checkbox"/> |
| 7 | Ability to answer questions directly     | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | can't judge <input type="checkbox"/> |

**Areas of perceived strengths:**

**Areas of perceived weaknesses:**

**Recommendations for improvement:**

**Concerns with respect to completing program:**

Date: \_\_\_\_\_

Evaluator \_\_\_\_\_

Signature: \_\_\_\_\_