**Ph. D Student’s Research Program Report**

Name:

Student ID:

Grade:

Title of Thesis:

Advisor:

* Date of oral presentation:
* Location of presentation:
* Evaluation:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Proceeding as planned
 | □Excellent | □Great | □Good | □Not Good |
| 1. Feasibility of research
 | □Excellent | □Great | □Good | □Not Good |
| 1. Completeness of research
 | □Excellent | □Great | □Good | □Not Good |

* Result:

|  |  |
| --- | --- |
|  □ PASS  | □ FAIL |

* Suggestion:
* Signatures of the Committee (two professors): ● Signature of Advisor:

(If the space provided is insufficient, you may copy and attach sections of this form.)