

PROJECT EVALUATION REPORT

Sending Institution:

Receiving Institution: Illinois Institute of Technology Department:

Campus Address:

STUDENT DATA

First Name:

Last Name:

Illinois Tech Student ID Number:

Period of Stay: Start Date (MM/DD/YY)

End Date (MM/DD/YY)

Degree program, field with specialization if/where applicable (e.g., M.S. without thesis—Electrical Engineering—specialization in IoT):

Type of Project (Please check one:)

 Final year of research project (*equivalent to Trabajo fin de Master or Projet fin d'etudes*) Master's thesis

Project title:

Project supervisor:

Project duration over how many semesters:

*(e.g., 4.5 months full-time AND number of hours):*Project course number at Illinois Tech (*e.g., xxx594 or xxx597*):

Project credits (e.g, 1 credit):

Project grade: (Grading Scale A–F or Pass/Fail):

Was the project presented in front of the committee? (Please check one): Yes No

Date of presentation, if applicable: (MM/DD/YY)

Name of faculty on the presentation evaluation committee, if applicable:	
Name and position of research project adviser/supervisor:	
Signature:	Date: (MM/DD/YY)
Name and position of faculty member:	
Signature:	Date: (MM/DD/YY)
Name and position of faculty member:	
Signature:	Date: (MM/DD/YY)

RESEARCH PROJECT APPROVAL

To: *(name of student)*

I/We have received and reviewed your final year research project submitted on this date _____ entitled: _____

Research project supervisor/adviser's assessment (please circle one):

Motivation	Excellent	Very Good	Good	Satisfactory	Unsatisfactory	Not applicable
Degree of integration in a team	Excellent	Very Good	Good	Satisfactory	Unsatisfactory	Not applicable
Sense of organization	Excellent	Very Good	Good	Satisfactory	Unsatisfactory	Not applicable
Sense of responsibility	Excellent	Very Good	Good	Satisfactory	Unsatisfactory	Not applicable
Scientific knowledge of studies	Excellent	Very Good	Good	Satisfactory	Unsatisfactory	Not applicable
Theoretic ability	Excellent	Very Good	Good	Satisfactory	Unsatisfactory	Not applicable
Practical ability	Excellent	Very Good	Good	Satisfactory	Unsatisfactory	Not applicable
Project report	Excellent	Very Good	Good	Satisfactory	Unsatisfactory	Not applicable
Work in terms of volume and quality	Excellent	Very Good	Good	Satisfactory	Unsatisfactory	Not applicable

Based on our/my examination of your research, the final-year research project is assigned a grade of _____

Full name of the research project supervisor at Illinois Tech: _____

Signature: _____

Date: (MM/DD/YY) _____

Other research project evaluators at Illinois Tech (if/where applicable): _____

Name:	Signature:
Name:	Signature:
Name:	Signature:
Name:	Signature:

IPIIT-9-01-2023