GELH Research Grant Evaluation

Part I - Student

Name of Student: ________________________________  Semester: ____________________________

College Enrolled: ________________________________  Major: ____________________________

Faculty Evaluator Name: _______________________________________________________________

Part 2 - Faculty Evaluator

1. In what capacity do you know this student?

2. Have you read the student’s research proposal?

3. What is your assessment of student’s goals / plans for GELH Research Grant award?
   (weak) 1 2 3 4 5 (strong)
   Comments:

4. Is this research in line with the student’s goals?

5. Do you foresee any challenges with the student completing the research on time?
   Comments:

6. Please provide additional information to support awarding this student research money?

________________________________________  _________________________
(Signature)  (Date)

If emailing, no signature required.