## INDEPENDENT STUDY PROJECT MENTOR'S EVALUATION

Note: this form is only needed if the mentor is <u>NOT</u> BSC faculty

Project Mente	or's Name and Title:			
Student Name:			Student ID # 901	
Project Title:				
Student comp	leted at least 90 hours. YES	NO	If NO, how many hours?	
Please assess t	he student by assigning a rating (	0-5, with :	5 being highest) to items 1-5 below.	
1.	problem solving skills and abili	ty to anal	yze information critically	
2.	reflection, self awareness and self assessment abilities			
3.	ability to apply knowledge to practical or theoretical situations			
4.	ability to keep records, and manage time			
5.	technical skills, ability to carefully follow protocol, ability to research information			
<b>Optional.</b> If yethe following t		a position	n to assess either of the following, please rate	
6.	OPTIONAL effective writing sl	kills as ev	videnced by their written report.	
7.	OPTIONAL effective oral com	municatio	on skills as evidenced by his/her oral	
report on this p	project which was presented to : _			
Date of oral pr	resentation:			
potential bend	•	n this pro	our evaluation and/or any follow up or oject. Include any comments on the final led.	
Project Mento	or's Signature:		Date:	
typing your na address is <b>bio</b> r	me, then email a pdf of the signed	d form to	return via mail, or sign electronically by the capstone coordinator. The general email contact information for the current	

http://www.marshall.edu/cosweb/biology/capstone-is/

Note: if this form is given to the student to return, it must be placed in a sealed envelope, with a signature over the seal. If the form is emailed, it must come from the mentor's professional email address.