Portfolio Evaluation Summary

Student Information

Name:_____

ID#_____

Faculty advisgr_____

Program entry date_____

Projected completion date_____

Evaluation

Pass_____(number voting)   Fail_____(number voting)

                                                           Major revisions_____
                                                           Minor revisions_____

Summary of Recommendations

Signatures

_____   _____
Faculty Advisgr Signature   Date

_____   _____
Faculty Review Panel Member   Date

_____   _____
External Evaluator Panel Member   Date