**University Scholar Faculty Evaluation *Due: 11/02/18***

*Please type your responses.*

*Applicants: Please fill out the student information in the box below and then forward this form to the chair of your advisory committee in Word format.*

*Faculty: Please feel free to use as much space as you need to answer each question.*

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| **Student Information** *(to be filled in by student)* Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Proposed semesters of participation in University Scholar Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please evaluate the student’s University Scholar proposal by answering the following questions.

1. Please evaluate the student’s qualifications to complete this project. For example: the student’s awareness of the relevant literature and the student’s understanding of the steps necessary to complete the project.

2. How is this project different from an honors thesis in your area? Please address whether this project is interdisciplinary and/or whether it examines a disciplinary question in greater depth than an honors thesis.

3. Please evaluate the student’s initiative and independent thinking as it contributes to the potential for success of this project.

4. Please evaluate the feasibility of this project. Please consider the availability of resources (e.g. access to a laboratory, organization, or funding), your availability, and the timeframe in which the student intends to complete the project.

5. Does this project require human/animal subjects, recombinant DNA, biohazards, or stem cell review?

**YES □ NO □**

If yes:

* Will the student need to submit a proposal for review or will the student be added to an existing protocol?
* Will the student be able to complete the project within the timeframe outlined?

6. Will a major portion of this project be supervised by a non-UConn-Storrs faculty member or researcher and if so, have you been in communication with him/her?

**Name Dept. Signature Date**

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*Please return this form in a sealed and signed envelope to the student who will submit it with his/her application*

*Questions or comments may be directed to:* *Monica.vanBeusekom@uconn.edu* *or Phone: 860-486-0324*