

THESIS REVIEWER'S EVALUATION SHEET

(For 18 Years Degree Program)

Student Name:	Evaluator's Name:
Student I.D:	Date:
Topic:	
Comments/Observation of the	Reviewer:
Recommendations:	
Approved Without Changes	
Approved With Changes	
If approved with changes, maximum submitted in days	time within which the Research needs to be Re- /week(s).
Rejected	
	Reviewer's Signature