

**Conclusions Form for Doctoral Dissertation Evaluation –**

**To be Completed by the Advisor**

**Experimental Sciences**

(Please type. The gray fields will expand as you type)

Advisor Name:       ID Number:      

Department:            Institution:

Student's Name:

**This form has two parts:**

1. **Conclusions and Evaluation Summary**
2. **Detailed review of the dissertation**

**Please complete both sections and send to the email address that was sent to you**

*Please note that the advisor's written evaluation report will be sent in full to the student, along with the referees’ reports.*

**Part 1: Conclusions and Evaluation Summary**

**A. Conclusion (**please mark): This work deserves to be approved as a doctoral dissertation without revisions.

**B. Assessment Summary** (please mark)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Irrelevant | Weak | Fair | Good | Very good | Excellent (top 5%) |
| The quality of the theoretical background |  |  |  |  |  |  |
| Mastery of sources and languages |  |  |  |  |  |  |
| Mastery of research approaches and systems, quality of performance of the research and analysis of data |  |  |  |  |  |  |
| The degree of originality and innovation in the approach and the findings |  |  |  |  |  |  |
| Initiative and independence |  |  |  |  |  |  |
| Critical thinking |  |  |  |  |  |  |
| Quality of writing and presentation (text, style, figures, tables, etc...) |  |  |  |  |  |  |

**C. Assessment of the work in the context of awarding a prize** (please mark)

This doctoral dissertation deserves to be awarded a prize (top 3% of doctoral dissertations) - please detail the arguments for the prize in your review of the dissertation.

**Yes**

**No**

Signature: C:\Users\User\AppData\Local\Temp\ksohtml8780\wps9.jpg

Date: Click here to enter a date.

**Part 2: Detailed Review**

In cases where there are several advisors, and if there is an academic justification, part 2 can be submitted jointly, with the signatures of all the advisors.

If the detailed review is submitted by the co-advisor - Please enter his/her name: 

Advisor's review:

Click here to enter text.

Advisor 1

Name:      Signature C:\Users\User\AppData\Local\Temp\ksohtml8780\wps10.jpg

Date:

Advisor 2

Name:      Signature C:\Users\User\AppData\Local\Temp\ksohtml8780\wps11.jpg

Date:

Advisor 3

Name:      Signature C:\Users\User\AppData\Local\Temp\ksohtml8780\wps12.jpg

Date: