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**Sultan Qaboos University**  
**Deanship of Postgraduate Studies and Research**  
**Research Proposal Evaluation Form**

**For Office Use**

**Appl. No:**

**Date:**

<b>Project Title:</b>	
<b>Project Number:</b>	
<b>Applicant:</b>	
<b>Date:</b>	

<b>EVALUATION</b>	Excellent	Very Good	Good	Fair	Poor	Unable to Judge
Originality						
Scientific Merit						
Relevance to Oman						
Qualifications of Investigators						
Methodology						
Budget						
Clarity of Presentation						
Collaborations						

**RECOMMENDATION**

- \_\_\_\_\_ Acceptance
- \_\_\_\_\_ Acceptance with revision
- \_\_\_\_\_ Extensive revision needed before decision can be made
- \_\_\_\_\_ Rejection

**REVIEWER'S COMMENTS (use additional page if necessary)**

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Reviewer's Name:	Address:
Reviewer's Signature:	Date:

*Please return the completed form within three (3) weeks to the Deanship of Postgraduate Studies and Research, P.O. Box 17 Khodh- Muscat 123, Tel: 515279, Fax 513122, E-mail ayousif@squ.edu.om.*