TERM PROJECT EVALUATION FORM
(MASTER WITHOUT THESIS)

STUDENT'S

Name-Surname	
Institute No	
Department	
Program	
Project Title	

EVALUATION CRITERIA

Format Conditions : .....
Content : .....
Language : .....
Currency of Resources : .....
Adequacy of Resources : .....
Originality of the Project : .....
Currency of the Project : .....
Systematic Approach : .....
Method : .....
Scientific Competence : .....
Other Reviews : .....
.....

	SUCCESSFUL	UNSUCCESSFUL
Project Evaluation Result		

SUPERVISOR'S

Title	
Name-Surname	
University	
Department	
E-Mail	
Date and Signature	