

**BAHIRDAR UNIVERSITY**  
**BAHIR DAR INSTITUTE OF TECHNOLOGY**  
**SCHOOL OF GRADUATE STUDIES**  
**[FACULTY]**

**THESIS PROPOSAL EVALUATION FORM**

Name of the Candidate's: \_\_\_\_\_ ID No. \_\_\_\_\_

Thesis Title/MEngTopic: \_\_\_\_\_

**Thesis proposal evaluation criteria**

No	Parameters	Marking	Score
1	Clearly stated statement of the problem	15%	
2	Clearly defined general objective and specific objectives	10%	
3	Clearly stated methodology (description of methods, experimental design etc.)	15%	
4	Related and recent literature review	10%	
5	How important is the thesis topic (Scientific contribution of the work and originality)	15%	
6	Feasibility of the study and expected outcomes (in terms of scope, time, resources & practicality; observation to literature date, presentation – statistical analysis, graphs, tables)	15%	
7	Way of presentation at defense (presentation skill, slide organization, time management, understanding the work .....	10%	
8	Response to the questions raised during defense	10%	
total		100%	

Is there any plagiarism? \_\_\_\_\_

General Comments (*use extra sheet if required*): \_\_\_\_\_

Name of **Internal Examiner/ Advisor**: \_\_\_\_\_.

Academic Rank: \_\_\_\_\_ Signature \_\_\_\_\_ date \_\_\_\_\_

<b>Grading Scale</b>	<b>≥ 65%</b>	<b>&lt; 65%</b>
	<b>Pass</b>	<b>Fail</b>

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**THESIS PROPOSAL EVALUATION SUMMARY SHEET**

Name of the Candidate's: \_\_\_\_\_ ID No. \_\_\_\_\_

Name of the program: \_\_\_\_\_

Thesis title /MEngTopic: \_\_\_\_\_

**Summary of Examiners result**

Examiners Result		Total Result	Status(Pass/Fail)
0.65*Internal Examiner	0.35* Advisor		

Session Chairperson Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Program Chair Holder Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Dean Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grading Scale	≥ 65%	< 65%
	Pass	Fail

**Faculty Stamp**