|  |
| --- |
| **Master/Ph.D. Proposal Rebuttal Form** |
| **Proposal Title:**  |
| **Student Name:**  | **ID no.** |
| **Mentor Name:**  |
| **Examiner Name:** |
| **DIRECTIONS:** The form should be typed, in Times New Roman, 11-point font, single space. The form should be submited to ……………within **TWO WEEKS** from receiving the proposal evulation form. **OBJECTIVE:** The purpose of this form is to respond to the examiner evaluation of the student’s Master/ Ph.D. proposals that are submitted to the department of pharmacology and toxicology, college of pharmacy, King Saud University.  |

Overall evaultion

|  |  |
| --- | --- |
| Comment (weakness point) | Response  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

\*\* If you have already worked on the comment, write “done” in the response column. If it is not, you have to write a justification.

SIGNIFICANCE

|  |  |
| --- | --- |
| Comment (weakness point) | Response  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

\*\* If you have already worked on the comment, write “done” in the response column. If it is not, you have to write a justification.

innovation

|  |  |
| --- | --- |
| Comment (weakness point) | Response  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

\*\* If you have already worked on the comment, write “done” in the response column. If it is not, you have to write a justification.

APProAch

|  |  |
| --- | --- |
| Comment (weakness point) | Response  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

\*\* If you have already worked on the comment, write “done” in the response column. If it is not, you have to write a justification.

Additional Comments for the studenT

|  |  |
| --- | --- |
| Comment (weakness point) | Response  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

\*\* If you have already worked on the comment, write “done” in the response column. If it is not, you have to write a justification.