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| **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

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| Comment (weakness point) | Response |
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\*\* If you have already worked on the comment, write “done” in the response column. If it is not, you have to write a justification.

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\*\* 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

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

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\*\* 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

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| Comment (weakness point) | Response |
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\*\* If you have already worked on the comment, write “done” in the response column. If it is not, you have to write a justification.