

**MAY PROJECT
STUDENT/ADVISOR COOPERATIVE EVALUATION**

To the student: Fill this in during or after discussion with your advisor, and turn it in with your final evaluation.

NAME _____ DATE _____

During your project, did you and your advisor spend your time as you had expected to? Were your meetings useful to you in fulfilling your goals?

If you were beginning your Project now, what, if anything, would you do to improve it?

(Student's signature)

Advisor:

Do you consider the student's efforts in this Project acceptable? _____ (Please comment on the back of this page, if you wish)

Do you consider this Project a success? _____ (Please comment on the back of this page, if you wish)

(Advisor's signature)