**BIO 680 SCIENTIFIC METHODOLOGY IN MOLECULAR BIOLOGY**

**STUDENT EVALUATION FORM**

*Students are required to complete Sections I-III electronically and provide a double-sided, printed copy to the course instructor on the examination day.  The Examination Committee will complete Section IV and the course instructor will assign the final grade on BannerWeb and submit the signed evaluation form to the Department secretariat,* [*Ms. Anna Christou*](mailto:annac@ucy.ac.cy?subject=Query%20about%20submitting%20a%20course%20registration%20form)*.*

**PLEASE PRINT DOUBLE-SIDED**

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| 1. **STUDENT INFORMATION** |

**First and Last Name:** **Click or tap here to enter text.**

**Student Identity Number:** **Click or tap here to enter text.**

**M.Sc. Program of Study:** Molecular Biology and Biomedicine

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| 1. **COMPOSITION OF THE EXAMINATION COMMITTEE** |

**Course Instructor (Coordinator):** Special Teach. Staff,Dr.Anna Charalambous, Dept. of Biol. Sci., UCY

**Committee Member 2: Choose an item.** Choose faculty name from list

**Committee Member 3: Choose an item.** Choose faculty name from list

*The Committee composition was approved by the departmental Postgraduate Studies Committee and the Departmental Council.*

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| 1. **EXAMINATION INFORMATION** |

**Examination Date: Click or tap on the arrow to select a date.**

**Thesis Title: Click or tap here to enter text.**

**I hereby declare that I successfully submitted on line, a copy of my written assignment to the Department, as required by the relevant departmental regulation****: *Choose the appropriate response***

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| 1. **EVALUATION REPORT OF THE EXAMINING COMMITTEE** |

**Course Grade (score of 0-10):**

* The Committee has checked the student’s response above, to confirm that the student completed the course requirement of submitting a copy of the written assignment to the Department.  **YES**
* ***The Examining Committee has evaluated the written assignment and presentation of the student and has assigned the grade as indicated above. Additional comments are provided on the next page***.

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| Signature of Course Instructor  (Committee Coordinator) | Signature of  Committee Member 2 | Signature of  Committee Member 3 |
| Date: | Date: | Date: |

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**STUDENT EVALUATION FORM**

**Student First and Last Name:**

**Comments by the Examining Committee:**

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|  |  |  |  |  |
| Signature of  Course Instructor  (Committee Coordinator) |  | Signature of  Committee Member 2 |  | Signature of  Committee Member 3 |