

**Ph.D. QLA Evaluation Form**

Version 3.2, 4/5/16

*Weldon School of Biomedical Engineering, Purdue University*

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The PQP committee is requesting your input to evaluate the student's submitted QLA document.

Note: The student will receive only a copy of the first page of this document. On pg. 2, please provide confidential comments to the PQP Committee, including your recommendation regarding whether the student should pass, fail, or receive a major or minor revision based on the criteria and comments below.

**Name of Student:** \_\_\_\_\_

**Criteria to consider as you evaluate the QLA:**

- |                    |                                                                                                                    |
|--------------------|--------------------------------------------------------------------------------------------------------------------|
| <i>poor -</i>      | <i>multiple major deficiencies exist that must be addressed</i>                                                    |
| <i>fair -</i>      | <i>lacking in one or more critical aspects; key issues to be addressed</i>                                         |
| <i>good -</i>      | <i>all critical aspects addressed although there is room for improvement</i>                                       |
| <i>very good -</i> | <i>all critical aspects addressed in a sufficient manner, minor improvements could be made</i>                     |
| <i>excellent -</i> | <i>all critical aspects covered with substantial detail, depth, and professionalism. No improvements suggested</i> |

**Comments on the extent and content of literature review:**

**Comments on organization/presentation and analysis of the literature:**

**Comments on concluding engineering problem specification or hypothesis:**

**Comments on written communication:**

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**Confidential Comments for the PQP Committee:**

**I recommend that the student receive a (please circle one):**

**Pass**

**Fail**

**Minor Revision**  
(4 weeks given  
to complete)

**Major Revision**  
(10 weeks given  
to complete)

**Additional comments for the PQP Committee:**

**Reviewer Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please circle one:**

PQP committee member

Ad-hoc Reviewer

Research Advisor (Major Prof.)