



MILLIKIN UNIVERSITY®

James Millikin Scholars Program Proposal Evaluation Agreement Form

Student Name (Print): _____

Student Signature: _____ Date: _____

Proposal Title: _____

Project type (check one): Product Based Research Based Service Learning

To be completed by the JMS Project Advisor:

I, the undersigned JMS Project Advisor, certify that the above listed student's JMS Project Proposal is ready to be evaluated by two additional faculty evaluators. (See attached evaluation sheets to assess the proposal's completion.)

Project Advisor Name: _____

Project Advisor Signature: _____

The undersigned faculty have agreed to evaluate the aforementioned student's JMS Project Proposal. The faculty will have at least two weeks to review the proposal and return the JMS Proposal Evaluation Form. Any proposals receiving a conditional pass will be revised and resubmitted to the respective faculty evaluator.

Faculty Evaluator Name: _____ Dept. _____

Faculty Evaluator Signature: _____ Date _____

Faculty Evaluator Name: _____ Dept. _____

Faculty Evaluator Signature: _____ Date _____

Please return this form with all signatures to the Honors Office, Shilling 103c.