Student Name: ___________________________  Submission Date: ________________________________________
Advisor: _______________________________  Division: ETOX  PCOG  PCOL  MEDC

Abstract Title: _________________________________________________________________________________________________

YES  NO

___ ___ 1) Is the ORP “original” (in regard to its concept, hypothesis, approach, etc.)?
___ ___ 2) Is a hypothesis clearly stated?
___ ___ 3) Does the abstract clearly describe the ORP’s independent specific aims?
___ ___ 4) Is the planned approach(es) adequately described to establish the ORP’s scientific feasibility?
___ ___ 5) Do the proposed specific aims and approach(es) address the stated problem or unmet need?
___ ___ 6) Does the ORP adequately serve as an examination of the student’s BMS track-specific education, training, skills, etc.?

Recommendation (Check box)
Accept □ Require Revisions □ Reject □

If you Reject or Require Revisions for the proposed ORP abstract, what was the reason(s) for your decision?
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________
__________________________________________________________________________________________________________________

Committee Signatures and Date of Meeting: ______________

ORP Committee Chair

Dissertation Advisor

ORP Committee Member

Dissertation Committee Member

Dissertation Committee Member