The ARFTG Roger Pollard Memorial
STUDENT FELLOWSHIP in MICROWAVE MEASUREMENT

CONFIDENTIAL REVIEWER EVALUATION FORM

Applicant Name: ________________________________________________________________

Title of Proposal: ______________________________________________________________

TO THE REVIEWER: Please review the accompanying proposal carefully. Rank each of the
following criteria from 0 (poor) to 5 (excellent), and then total the scores for an overall proposal
ranking (ranging from 0 to 40). Once you have reviewed all of the proposals, please provide a
relative ranking to each applicant (with 1 corresponding to the proposal with the highest score).
Provide any further comments in the space below.

1. Relevance to ARFTG _______
2. Originality of Proposal _______
3. Technical Merit _______
4. Quality of Presentation _______
5. Available Measurement Facilities _______
6. Probability of Successful Completion _______
7. Relation to Degree Program _______
8. Technical Background of Applicant _______

TOTAL _______

RELATIVE RANKING _______

Remarks (Attach additional pages if needed):

Reviewer’s Name: ____________________________ E-mail: ____________________________ Tel: ____________________________

Signature: ____________________________ Date: ____________________________