



**GRANT WRITING
ADVISOR EVALUATION FORM**

Date (MM/DD/YYYY) _____
Candidate Name (Last, First): _____
Candidate M-Number: M _____
Committee Chair: _____
Title of Proposal: _____

Funding Agency: _____
Date of Submittal (MM/DD/YYYY): _____
Expected Date of Decision (MM/DD/YYYY): _____
Amount Requested: _____

EVALUATION MATRIX (1=lowest, 5=highest)

The candidate prepared and submitted a grant proposal in collaboration with the advisor (achieved)

Signature of the Advisor
