

**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: