

Second-Year Seminar Evaluation Form

Student Name / FSU ID: _____

Seminar Title: _____

Seminar Series: Analytical / Biochem / Inorganic / Materials / Organic / Physical

Date Completed _____

Result: Pass _____ Fail _____

Major Professor Name

Major Professor Signature

Committee Member Name

Committee Member Signature

Committee Member Name

Committee Member Signature

University Representative Name

University Representative Signature

Seminar Rating (1 = poor ... 5 = excellent):

Big Picture (why is the work important and worth doing)	1	2	3	4	5
Presentation (delivery, timing, terminology, pedagogy)	1	2	3	4	5
Slides (layout, organization, clarity)	1	2	3	4	5
Background (knowledge of research area, literature)	1	2	3	4	5
Questions (handling of questions from the audience)	1	2	3	4	5

Supervisory Committee Feedback and Comments:

Please submit completed form to the Department of Chemistry & Biochemistry Student Affairs Office

Date submitted to CBSA _____