**In the Name of God**

**Shazand School of Nursing**

**Evaluation of Oral Progress Report (Odd Number) for PhD Students  
(Supervisor / Advisor)**

Student Name: Student ID Number: Field and Specialization: Date of Oral Report Presentation:

**Proposal Title:**  
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**Approximately what percentage of the total work based on the list of specific objectives has been completed up to this stage?**  
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**Is the student’s progress from the previous report to this report acceptable and satisfactory?**  
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| --- | --- |
| Criteria | Score (out of 5) |
| 1. Mastery of the research topic and ability to answer questions |  |
| 1. Progress made in the research process |  |
| 1. Quality of the written report |  |
| 1. Quality of the oral presentation |  |
| Total Score (out of 20): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Supervisor/Advisor Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_