

University of Colorado Health Sciences Center
 Department of Pharmacology
Major Seminar Evaluation

Student Name: _____

Seminar Title: _____

Date: _____

Advisor: _____

		Outstanding	Good	Adequate	Not Acceptable
Insight Demonstrated In Review of The Scientific Literature					
Ability To Effectively Answer Questions Raised					
Quality of The Presentation					
Independence In Preparation of The Seminar					
Pass		Fail			

Comments:

Advisor Signature: _____

Date: _____