

STORRS AGRICULTURAL EXPERIMENT STATION
COLLEGE OF AGRICULTURE AND NATURAL RESOURCES
UNIVERSITY OF CONNECTICUT

PROJECT REVIEW SHEET

PROJECT NUMBER:

PROJECT DIRECTOR:

PROJECT TITLE:

COMMENTS: (if needed, use additional sheets. Reviews, with reviewers' name removed, will be sent to applicants. See guidelines for review)

EVALUATION:

	Poor	Fair	Good	Very Good	Excellent
Appropriateness					
Scientific merit					
Methodology					
Scopes and management					
Proposal completeness					

PLEASE RETURN BY:

REVIEWER'S NAME AND TITLE

 (Please type or print name)

 Title

 Signature

 Date

The reviewer whose signature appears above agrees to treat the contents of this proposal as confidential.