KINGDOM OF SAUDI ARABIA Ministry of Higher Education KING ABDULAZIZ UNIVERSITY **Deanship of Scientific Research**



ملک محمد

www.kau.edu.sa/dsr

CONFIDENTIAL Progress Report Evaluation Agreement ()

1- Project No : /		
2- Review Due Date TWO WEE	CKS from the date of reception	
3- Compensation 300 S.R.		
4- Name of Referee :		
First:	Middle:	Last:
	::()
5-Mail Address :		
Phone No: E-Mail:		
6 - I agree to evaluate wit	hin the given period	
7 - I decline to evaluate w	ithin the given period, and wou	ld like to suggest
the following referee	:	
Name :		
Phone No :		
E – Mail :		
Mail Address:		
	as soon as possible if you agree	or decline to evaluate th

he proposal to: Vice-Dean Of Deanship of Scientific Research , P.O. Box 80230 Jeddah 21589, Kingdom of Saudi Arabia.

Or Fax to : 966-2-6951217 Or Through our e-mail: dsr@kau.edu.sa

Signature :

KINGDOM OF SAUDI ARABIA Ministry of Higher Education KING ABDULAZIZ UNIVERSITY Deanship of Scientific Research





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Evaluation Sheet of Progress Report ()

Project No. (______)

Please check the suitable answer and justify your answer in the attached sheet (use mouse or space bar to mark answer)

1.	o what extent the researchers		Researchers have adhered to what is stated in the proposal	
research plan and metho	have adhered to the aims, research plan and methods stated in the Proposal?		There is a minor deviation which may be corrected	
			The project must be halted until the deviation has been corrected	
2.	To what extent the researchers		The researcher has progressed according to the schedule	
	have adhered to the proposed schedule?		There has been a minor delay.	
	Schedule.		Progress of the project has been unduly delayed	
3. Sci			Excellent	
	3. Scientific results.		Very good	
			Good	
			Fair	
			Poor	
4	Report standards : arrangement		Acceptable	
4.	& scientific discussion of results		Unacceptable	
F	Demont or more l		Accepted.	
5.	5. Report approval		The report can be accepted after changes specified in the following pages(s) have been taken into consideration	
			The report is unacceptable and should be resubmitted for the reasons stated in the following pages	

Reviewer Name:	Signature:	Date:

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Please use this sheet (or additional sheets) to add any comments that justify your previous remarks.