

WRGP Graduate Learning Outcome (GLO) Score Sheet

Student Name _____

Program of Study (WRS/WRE/WRPM): _____

Degree Level (MS, PhD): _____

Title of Thesis/Project: _____

Evaluation/Guidance	Does not meet Expectations	Meets Expectations
1. Problem Definition: Has stated the research/project problem clearly, providing motivation for undertaking the research		
2. Literature and Previous Work: Demonstrated sound knowledge of literature in the area, and of prior work on the specific research/project problem		
3. Impact of Research/Project: Demonstrated the potential value of solution to the research/project problem in advancing knowledge within the area of study		
4. Solution Approach: Has applied sound state-of-the-art research/project methods/tools to solve the defined problem and has described the methods/tools effectively		
5. Results: Analyzed and interpreted research/project results/data effectively		
6. Quality of Written Communication: Communicates research/project results clearly and professionally in written form		
7. Quality of Oral Communication: Communicates research/project results clearly and professionally in oral form		
8. Critical Thinking: Has demonstrated capability for independent research/project in the area of study and expertise in the area		
9. Broader Impact: Demonstrated awareness of broader implications of the concluded research/project. Broader implications may include social, economic, technical, ethical, business, etc. aspects.		
10. Publications: Journal, conference, or some other scholarly publications have resulted (or are anticipated) from this research/project		

Overall Assessment: The assessment of the overall performance of the candidate based on the evidence provided in items 1 – 10 above.

CRITERIA	PERFORMANCE RATINGS for THESIS EXAM	
	<i>Does NOT PASS Exam</i>	<i>PASSES Exam</i>
OVERALL, My rating of the Thesis / Project Paper indicates that it:	Does not meet expectations	Meets expectations

Examining Committee Members:

_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date
_____	_____	_____
Printed Name	Signature	Date

Examiner: Please use the space below, reverse side, or an additional sheet for written commentary as needed.

***Once signed by committee members, please return this form to Catherine Mullins.
Scan to catherine.mullins@oregonstate.edu
or send via campus mail to 116 Gilmore Hall. Thank you!***