

Mathematics MST Examination Assessment Form

Student Name:_____

Faculty Name:_____

Date:_____

The following ratings are to be used for the purpose of program assessment and are not meant for individual student assessment. Return completed forms to the MST Director.

Rate the degree to which the student has exhibited	Poor	Fair	Good	Excellent	N/A
Knowledge of the Subject Matter					
Ability to Present Clear and Concise Argument					
Original and Critical Thinking					

Additional Comments (if any):