



ST. MICHAEL'S COLLEGE OF ILIGAN, INC.

Document Code:
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Subject:

TW Form 3: Rating for Proposal Hearing

Rev.:

0

Effective Date:

2.12.2025

Name of Student: _____ Date of Defense: _____

Thesis Title: _____

EVALUATION CRITERIA

- | | | | |
|------|--|-----------|-------|
| I. | Presentation of the Paper | (50pts.) | |
| | a. Presentation | (15 pts.) | _____ |
| | b. Content | (25 pts.) | _____ |
| | c. Organization | (10 pts.) | _____ |
| II. | Mastery of the subject matter | (20 pts.) | _____ |
| III. | Ability to respond to questions | (20 pts.) | _____ |
| IV. | Openness towards the given suggestions | (10 pts.) | _____ |

Over-all Rating _____

Remarks:

Scoring System: (Legend: ER – Equivalent Rating)

Score	ER	Score	ER	Score	ER	Score	ER	Score	ER	Score	ER
0 -59	Failed	66-67	79%	74-75	84%	82-83	89%	90-91	94%	98-99	99%
60	75%	68	80%	76	85%	84	90%	92	95%	100	100%
61-62	76%	69-70	81%	77-78	86%	85-86	91%	93-94	96%		
63	77%	71	82%	79	87%	87	92%	95	97%		
64-65	78%	72-73	83%	80-81	88%	88-89	93%	96-97	98%		

Evaluator: _____
Examiner (Signature over Printed Name)