**Confidential Adviser Review Form**

**To be completed by the Professional Project/Thesis Faculty Adviser**

The faculty member advising the student is responsible for completing this form, independent from the student’s proposal. Please name the file: *LastName\_StudentLastName.pdf*. Submit it to the URP Program Assistant (Barb Malnar-Syke, bmalnar@med.umich.edu) as an email attachment by April 30th or September 30th.

**Name of Adviser:**

**Name of Student:**

**Date:**

**Is this for a Professional Project or Thesis?**

Please, respond the following questions to help the Curriculum Committee determine the degree to which this student will have sufficient guidance and support to carry out a successful exit project. The committee’s final decision will depend on whether the student is properly prepared to address any key weaknesses in the proposal.

(1) Based on your interactions with the student and the content of the proposal, how confident are you that this project will be successfully completed? (A) minimum confidence; (B) moderate confidence; (C) high confidence.

(2) What do you consider to be the proposal’s greatest strengths?

(3) What do you consider to be the proposal’s greatest weaknesses?

(4) What do you expect to do as the adviser to address the weaknesses?