**Departmental Project Evaluation**

*To be completed by the Principal Investigator/Project Director's Supervisor. It is preferred that this form be returned to the applicant for inclusion with the proposal. If this is not possible, it may be sent directly to the Office of Research and Sponsored Programs* ***prior to the deadline*** *for receiving proposals.*

Name of Principal Investigator/Project Director:

Department:

Title of Project:

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| Please provide an administrative review of the feasibility of the proposed project in respect to the following: |
| 1. Principal Investigator/Project Director's teaching load:
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|  |
| 1. Space and facilities available:
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| 1. Available equipment:
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| 1. Other than the above items, what will the department be able to provide toward the successful completion of the project?
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|  |
| 1. Additional comments bearing on the successful completion of the project
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|  |  |  |
| Supervisor's Signature |  | Date |