



جامعة الفيصل
Alfaisal University

كلية الصيدلة
College of Pharmacy

FINAL PROJECT MARKING

FORM

RESEARCH PROJECT

FINAL PROJECT MARKING FORM

Course Name: Research Project (RES 5X6)

Student Name:

Student ID number:

Supervisor Name:

Date:

Project title:

No.	Assessment item	Mark out of 100%	Mark out of 30%
1	Abstract	/10	/3
2	Introduction	/20	/6
3	Methods	/15	/4.5
4	Results	/20	/6
5	Discussion	/15	/4.5
6	Conclusions	/5	/1.5
7	Implications	/5	/1.5
8	References	/5	/1.5
9	Overall format	/5	/1.5
10	Final mark	/100	/30

Panel member comments (if any):

Assessor Name:

Signature:

Department:

Date:

Contact Us

Dr. Ibrahim Mohammad Salman
Research Project Coordinator
Email: isalman@alfaisal.edu
Tel: +966-11-215-8819



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