



HONR1000 Honours Project Students Peer Evaluation Form

Student Name:	Student No.:	Date:

Direction:

In the space below, please evaluate the work of your team members on a scale of 10 (highest) to 1 (lowest) in relation to the following criteria. Please complete this form, place in a sealed envelope, and submit it to the Box on the entrance counter at the HC general office by the announced date.

Team Member Name	Team Member Student No.	Contribution to the Project	Contribution to the Final Report	Does the team member deserve the same final grade as yours? (Select Yes, or No)
1.				Yes No
2.				Yes No
3.				Yes No



HONR1000 Honours Project Students Peer Evaluation Form

4.				Yes
				No
Please write comments about the group project and your group members, if any				