



**JOURNAL CLUB SEMINAR SERIES  
PRESENTATION EVALUATION SHEET**

**Presenter:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Evaluator's Name** \_\_\_\_\_

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**PRESENTATION STYLE AND VISUAL AIDS:**

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**BACKGROUND, RATIONALE, HYPOTHESIS:**

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**EXPERIMENTAL APPROACH & RESULTS:**

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**DISCUSSION AND CRITIQUE:**

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**RESPONSE TO QUESTIONS:**

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**COMMENTS:**

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**Please return completed evaluation to Dr. Chandan Chakraborty (4044 Dental Sciences Building).**