



Please submit to: Associate Dean's Office by December 1st (Fall semester) or May 1st (Spring semester). Your December/May paycheck will be held until this form is filed in the Associate Dean's Office.

DOCTORAL STUDENT

END OF SEMESTER GRADUATE ASSISTANT EVALUATION:

FELLOWSHIPS, TRAINEESHIPS, RESEARCH ASSISTANTSHIPS, TEACHING ASSISTANTSHIPS AND GENERAL GRADUATE STUDENT ASSISTANTSHIPS

Revised: 07/2013

Student's Name: _____ Semester: _____

Please review each of the following and circle the number that best describes the performance of the Graduate Assistant named above, Thank you.

- 1 = UNSATISFACTORY 2 = NEEDS IMPROVEMENT 3 = SATISFACTORY 4 = GOOD 5 = OUTSTANDING

Performance of responsibilities and duties.

1 2 3 4 5

Comments: [Text box]

Interpersonal skills.

1 2 3 4 5

Comments: [Text box]

I recommend: _____ Continued support of the Graduate Assistant
_____ Terminate Graduate Assistant
_____ Transfer Graduate Assistant to another position

Student's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

For Office Use Only:

Submitted work schedule
Recommended to continue graduate assistantships
Yes _____ No _____

Note: It is the graduate student's responsibility to submit this completed form to the Associate Dean's Office by date indicated below.