

Graduate Student Semester Evaluation

Student Name: _____ Faculty Advisor Name: _____

Year: _____ Term: Spring Summer Fall Evaluation Date: _____

Please indicate if the graduate student met expectations in the following performance areas. If “NA” (i.e., not applicable) or “below” is selected, additional detail must be provided in boxes below.

Performance Area	Expectations			
	NA	Below	Met	Exceeded
Research/Proposal (respective to research credit expectations form)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation/Comment(s):				
Committee Consensus (complete only if committee meeting was held)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explanation/Comment(s):				
Summary Evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concern(s) and/or overall recommended actions and deadlines:				

Did the student present at a conference that satisfies the programmatic requirement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please include the citation.		

Faculty Advisor Signature: _____ Date: _____

The following section should be completed by the graduate student.		
Do you concur with the above evaluation, recommendations, and deadlines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explanation/Comment(s):		

Student Signature: _____ Date: _____