



Graduate Student Annual Evaluation by Faculty Advisor

Student Name:

Date:

Faculty Advisor Name:

Significant positive accomplishments: (Awards, Grants, Publications, Teaching, Research, Coursework Completion, General Exams, Committee Formation, involvement in department colloquia, reading groups, presentations on research, teaching, professional development, etc.)

Potential or Already Apparent Problem Areas: (Significant deviations from Annual Plan Without Approval, Problems with Coursework, Lack of Contact with Advisor(s), Problems with Teaching or Research Progress, etc.) Please indicate the severity of the problem.

Recommendations for Improvement?

Faculty Advisor Signature: