



FACULTY ADVISOR'S ANNUAL EVALUATION OF GRADUATE STUDENT

Student Name: _____

Date: _____

Primary Advisor or Committee Chair: _____

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.

Any Recommendations for Improvement?

Primary Advisor or Committee Chair Signature: _____