



The Graduate School

This form must be completed by the graduate assistant's faculty supervisor by the end of the ninth week of the semester, in the case of an initial appointment, or by the thirteenth week of the semester, in the case of a continuing appointment. It is due in the graduate program director's office by the end of the semester, with a copy to be given to the graduate assistant.

Name of Student: \_\_\_\_\_ UIN: \_\_\_\_\_ Date: \_\_\_\_\_

Department/Program: \_\_\_\_\_ College: \_\_\_\_\_

Employing Department: \_\_\_\_\_

Select One: GTA-Assistant GTA-Instructor GRA-Faculty Assistant GRA-Project Assistant GAA-Administrative Assistant

Please rate 1-5 (with 5 being highly satisfactory) your level of satisfaction with the Graduate Assistant's performance:

Unsatisfactory 1 2 3 4 5 Satisfactory Highly Satisfactory

Additional Comments (append additional documentation as necessary):

I have read this evaluation and agree with it. I have read this evaluation and do not agree with it.

SIGNATURES:

Student Name (Print) Student Signature Department Date Assistantship Supervisor Name (Print) Assistantship Supervisor Signature Department Date \*Student's Graduate Program Director Name (Print) \*Student's Graduate Program Director Signature Department Date

\* In the event the GPD is the GA's supervisor the Chair's/Dean's signature is required.