

F. Annual Graduate Student Review Form

Advisors are required to evaluate the performance of graduate students at least once a year to provide each student guidance regarding strengthening academic and professional qualities. Evaluations must be completed and returned to the Department Head by June 15 (students will not be reappointed for the next academic year until this form is completed). A copy of the evaluation will be placed in the student's departmental file.

Department of Crop and Soil Sciences—Annual Graduate Student Review

Student Name: _____ Advisor: _____ Date: _____

Matriculation date: ____ Degree sought: ____ Cumulative GPA: _____ Expected date of graduation: _____

Committee Formed: Yes ____ No _____, Date of last committee meeting: _____

For Ph.D., date of completion of: Candidacy Exam _____ Comprehensive Exam _____

The Degree Checklist is up-to-date and the student is on track for completion of his/her program ____ Yes, ____ No

The evaluation should be based on the performance of the graduate student in relation to their academic and professional qualities. The advisor is to complete the form and share the results with the graduate student. The graduate student may write a comment/statement, if desired, in the last section. Signature of the graduate student is required.

Evaluation of Student Performance

Check the box that indicates your judgment of performance for each of the items below:

	Unsatisfactory	Needs Improvement	Satisfactory
Overall academic progress			
Overall research progress			
Exhibits initiative and commitment to program			
Accepts and fulfills responsibilities			
Works effectively with fellow students, staff, faculty and other clientele			
Demonstrates integrity in data collection and reporting of research findings			
Accepts suggestions and constructive criticism			
Produces an adequate amount of work within time allotted			
Demonstrates ability to produce and report research results			
Takes advantage of opportunities for professional improvement			

Comments and expectations for coming year (use additional sheets as necessary):

Advisor Signature Date

I agree _____; disagree _____ with this evaluation.

Comments:

Student Signature Date