



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		Satisfactory		Highly Satisfactory
1	2	3	4	5

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)	<i>A. Mounika</i> _____ 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.