

Annual MACR Graduate Student Evaluation Form

Student Name: _____ **Date of Evaluation:** _____

Date of Entry (e.g. Fall 2007): _____ **Degree Program:** MS PhD

Anticipated Graduation Date: _____ **Cumulative GPA:** _____

Student has completed the following:

- POS (up-to-date and on file at Graduate School) Literature Review
- 1st Research review Preliminary Exam
- Final Exam for MS Degree Final Exam for PhD Degree
- ETD Copyright and Fair Use Check sheet

Evaluation: Place "X" marks in the boxes. "Excellent" indicates performance better than the 90th percentile.

Evaluation Category	Excellent	Good	Marginal	Unsatisfactory	N/A
Academic Performance					
Research Progress					
GTA Performance					
Professional Activities & Interactions					
Overall Performance					

Strengths and Weaknesses:

Anticipated Progress:

Suggestions for Improvement:

_____ Committee Chair	_____ Co-Chair (or Member)	_____ Committee Member	_____ Committee Member
_____ Committee Member	_____ Committee Member	_____ Committee Member	_____ Student