

**Evaluation and Grade Form**

**PhD Students Enrolled in XXXX 9210 and XXXX9300**

This form must be **completed by the student’s major advisor** at the end of **every semester** and submitted to TGS ([TGSenrolled@augusta.edu](mailto:TGSenrolled@augusta.edu)) prior to deadline for grade submission. The major advisor should discuss the student’s progress with the student throughout the semester as well as at the end of the semester.

**Faculty Name:**

**Name of student being evaluated:**

**Graduate Program:**

**Current Semester / Year:**      

**Course:** XXXX 9210 or XXXX 9300

Please provide an honest and accurate evaluation based on the student’s performance and progress this semester.

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| --- | --- | --- | --- | --- | --- |
|  | **Below minimum**  **expectations** |  | **Met minimum expectations** |  | **Exceeded expectations** |
| **1** | **2** | **3** | **4** | **5** |
| Attendance |  |  |  |  |  |
| Professionalism |  |  |  |  |  |
| Communication |  |  |  |  |  |
| Time Management |  |  |  |  |  |
| Motivation |  |  |  |  |  |
| Ability to carry out experiments/generate data |  |  |  |  |  |
| Ability to analyze and discuss data |  |  |  |  |  |
| Understanding of project |  |  |  |  |  |
| Overall Research Progress |  |  |  |  |  |

Please share any strengths or opportunity for improvement:

Are there any concerns with this student’s progress or behavior?  No  Yes

If yes, please describe:

Please list any milestones required to be completed this semester and indicate whether they were completed or not (e.g. committee selection, advisory committee meeting, comprehensive exam, research proposal):

|  |
| --- |
| **Course Grade for this semester:**  **Satisfactory**  **Unsatisfactory** |

|  |  |  |
| --- | --- | --- |
| **AUTHORIZED SIGNATURES** | | |
| *Major Advisor*    *Program Director*    *MD/PhD Program Director*    *Dean, The Graduate School* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Major Advisor Signature*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Program Director Signature*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *MD/PhD Program Director Signature*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Dean, The Graduate School Signature* | *Date*    *Date*    *Date*    *Date* |

*Please return completed and signed evaluation to The Graduate School* [*TGSenrolled@augusta.edu*](mailto:TGSenrolled@augusta.edu) *PRIOR to the date grades are due at the end of each semester.*