

**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) 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** |

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| **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* *PRIOR to the date grades are due at the end of each semester.*