

APPENDIX C

Department/Unit Evaluation of Graduate Assistant

Name of GA: _____
(printed name and SE ID #)

Department/Unit: _____

Date of Evaluation: _____

Type of Evaluation (Check one): First semester () Annual ()

Overall Performance Observation (Narrative of strengths/contributions)

Performance Challenges (Narrative or strength/contributions)

GA.s signature: Date: _____

Supervisor's signature: Date: _____

cc:

Dr. Bill Eddleman, Dean
Dean of College
Department Chair