



SOUTHEAST MISSOURI
STATE UNIVERSITY · 1873

Department/Unit Evaluation of Graduate Assistant

Name of GA: _____

Department/Unit: _____

Date of Evaluation: _____

Type of Evaluation (Check one): Fall Spring

Overall Performance Observation (Narrative of strengths/contributions)

Performance Challenges (Narrative or strength/contributions)

GA's signature: _____

Date: _____

Supervisor's signature: _____

Date: _____

cc:
School of Graduate Studies
Dean of College
Department Chair