

TROY UNIVERSITY
GRADUATE ASSISTANTSHIP/FELLOWSHIP
JOB PERFORMANCE, DUTIES AND EVALUATION
Conduct Each Semester

STUDENT: _____

IMMEDIATE SUPERVISOR: _____

PERIOD COVERED: _____

JOB DUTIES: (To be completed by the immediate supervisor in conference with the Graduate Assistant/Fellow.)

1. Describe clearly what is expected of the graduate assistant/fellow on a routine basis.

2. Describe special projects that you may require of the graduate assistant/fellow.

3. When should the graduate student contact you (ex. daily, weekly, etc.)?

Immediate Supervisor/Date *Graduate Assistant/Fellow/Date*
 (Signed copy provided to the Graduate Assistant/Fellow; Original to file)

PERFORMANCE:

4. Please indicate the extent you agree or disagree with the following statements:

<i>To what extent has the graduate assistant:</i>	<i>Not Required</i>	<i>Strongly Disagree *</i>	<i>Disagree *</i>	<i>Agree</i>	<i>Strongly Agree</i>
<i>demonstrated adequate skills for the job required</i>					
<i>demonstrated adequate research skills</i>					
<i>been available when attention to a task/project was require.</i>					
<i>completed assignments accurately</i>					
<i>completed assignments on tim.</i>					
<i>met overall expectation.</i>					

5. I recommend: _____ continuing the student's assistantship/fellowship
 _____ not continuing the student's assistantship/fellowship*

REMARKS: [*Please note specifics that support your response for items that are marked with an asterisk. In those events, also note the dates that you discussed shortcomings with the student].

My signature acknowledges that I have read the evaluation, but does not necessarily signify agreement. I understand that any written statement I wish to make regarding this report will be attached to all copies of the evaluation.

Student's Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____

Copies:

1. Supervisor's original to be sent to the Office of the Dean of the Graduate School.
2. Copy to be kept in department file.