2020-2024 GRADUATE ASSISTANT EVALUATION OF ASSISTANTSHIP EXPERIENCE

Please return this form to the Graduate Studies Office no later than the Wednesday after Commencement.

Supervisor ________________________________
Name of Graduate Assistant __________________________ Student ID ____________
Department Assignment ____________________________________________
Semester/Academic Year ____________________________________________
Hours per week __________

How has this experience contributed to your graduate education and goals?

What experiences will you take from this assistantship that will impact your future in education, research, and/or your professional career?
What aspects of this assistantship can be improved?

Graduate Assistant: ___________________________ Date __________

Supervisor: ___________________________ Date __________