

Graduate Student Review Form

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Graduate Student Name: _____ J#: _____

Overall Knowledge of the Research/Creative Activity (Competency and understanding to perform duties; learning and retaining instructions ÁZ]œœ}Pœ u):

Goals, Objectives, Projects, Special Assignments, and Professional Development (List the goals, objectives, or training which should be continued and/or completed ÁZ]œœ}Pœ u):

Discussion of Individual Development Plan ~ÁZ]œœ}Pœ u•:

Mentor Signature: _____ Date: _____

Graduate Student Signature: _____ Date: _____

(Attach additional pages if needed)

DEADLINE: Forms must be submitted to Pœ •Z}}o>•}µšZ o u X µ (}œ •šµ vš P
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