



MICHIGAN STATE UNIVERSITY

Department of Epidemiology and Biostatistics

STUDENT RESEARCH EVALUATION (GA's)

Student's Name: _____

Research Advisor: _____ Semester: _____

Please comment below on the student's research performance during the past semester. Consider in your comments motivation, independence, productivity, efficiency in performance of research, breadth and originality of thought, knowledge of literature in the area, performance in research group meetings and any other important items.

During this semester, this student accomplished the following:

Evaluation:

OVERALL EVALUATION:

_____ Excellent

_____ Good

_____ Marginal

_____ Unsatisfactory

Reappoint as GA:

_____ Yes _____ No Semester: Semester _____
(Fall, Spring, Summer)

_____ Yes _____ No Semester: Academic Year _____
(Fall and Spring)

Research Advisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

cc: Student
Research Advisor Graduate Office