

IUP BIOLOGY GRADUATE STUDENT SEMESTER EVALUATION

To be completed by continuing student during the first four weeks of Fall and Spring semesters.
 Students that do not complete their semester evaluation will have a hold put on registration.

PLEASE USE WORD-PROCESSING. EXPAND AS NEEDED (NOT LIMITED TO ONE PAGE)

Email / Submit to Melanie Muscatello (melanie@iup.edu) when completed, with signatures.

Student Name:		Current Term -
		Current Year -
Thesis Advisor:		Thesis () Non-thesis ()
		Year Degree Expected -

ACHIEVEMENTS, ACCOMPLISHMENTS, AND RESPONSIBILITIES (COMPLETED BY STUDENT)

SELF EVALUATION BY STUDENT (PROFESSIONAL DEVELOPMENT ON TRACK, ADJUSTMENTS NEEDED?)

OVERALL EVALUATION (COMPLETED BY ADVISOR)

MERITORIOUS, SATISFACTORY, UNSATISFACTORY

- Assigned Responsibilities:

- Professional Progress:

- Other:

PRIMARY GOALS / OBJECTIVES FOR NEXT EVALUATION PERIOD (COMPLETED BY ADVISOR AND STUDENT)

STUDENT SIGNATURE	SUPERVISOR SIGNATURE
<i>Date</i>	<i>Date</i>
<i>Semester / Year that RTAF was Approved</i>	
<i>Term = _____ Year = _____ (check if NA _____)</i>	