

CHEMICAL ENGINEERING DEPARTMENT  
ANNUAL GRADUATE STUDENT EVALUATION REPORT  
(Reporting Period: May 10, 2019 – May 9, 2020)

**Purpose:**

The purpose of this form is to facilitate self-evaluation by graduate students, and to comply with the university's requirement that graduate students should be evaluated on a yearly basis and provided feedback on their performance.

**Instructions:**

Graduate students are responsible for completing the self-evaluation section of the form and advisors are responsible for completing the faculty evaluation section of the form. Graduate students are responsible for getting this entire form completed, signed and turned in to Diane Cannaday by May 24, 2020. All sections may not apply to you or you may have little information. Respond as completely as possible. The student should complete the self-evaluation, give the form to the advisor for their comments and set up a meeting to discuss the complete evaluation. Both student and advisor should sign the form and turn into Diane Cannaday by the deadline.

**SECTION I: Student Self-Evaluation**

**Personal Information**

Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Advisor: \_\_\_\_\_

Beginning Semester as a Graduate Student: \_\_\_\_\_

Current GPA: \_\_\_\_\_

Financial Support:   GTA \_\_\_\_\_   GRA \_\_\_\_\_   Fellowship \_\_\_\_\_   Self-Supported \_\_\_\_\_

**Progress Toward Degree**

1.    Advisory Committee Members (please list name and department):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
2.    Qualifying Exam taken and passed?   Yes \_\_\_\_\_   No \_\_\_\_\_  
If no, please explain. \_\_\_\_\_
  
3.    Plan of Study completed and approved?    Yes \_\_\_\_\_   No \_\_\_\_\_  
If answer above is no, list expected date when plan of study will be completed. \_\_\_\_\_

4. Preliminary exam completed and passed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If answer above is no, list expected date when preliminary exam will be taken. \_\_\_\_\_

5. Anticipated completion/defense date (semester/year): \_\_\_\_\_

**Research**

1. Research Progress (brief summary, attach sheet if necessary)

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2. List goals for next year

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3. Publications (include all bibliographic information, showing authors in the order that they appear). Indicate whether published, to appear or in review.

a. Journal Papers

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b. Conference papers (accepted based on full review)

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c. Conference papers (accepted based on abstract)

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4. Professional Presentations (list titles, dates and location)

a. Oral presentations

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b. Poster presentations

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c. Seminars

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5. Other technical reports and presentations

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**Professional Activities**

List any professional and/or honor society memberships and activities and any awards received

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1. Departmental Activities

List any committees and service activities, laboratory assistance, tutoring, etc.

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2. Campus Activities

List any campus organization memberships and activities or accomplishments, etc.

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3. Other Service

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**SECTION II: Advisor Evaluation**

Advisor: Please review the student's progress and response to questions in the self-evaluation and make any comments and/or recommendations you feel appropriate below. Fill in the information and return this page to Diane Cannaday by May 24, 2020.

Student Name: \_\_\_\_\_

**Academic Progress:**

Student's progress is: \_\_\_\_\_ Satisfactory \_\_\_\_\_ Unsatisfactory

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Research Progress:**

Student's progress is: \_\_\_\_\_ Satisfactory \_\_\_\_\_ Unsatisfactory

Comments and/or recommendations:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The overall assessment of this student is:

\_\_\_\_ Excellent    \_\_\_\_\_ Very Good    \_\_\_\_\_ Good    \_\_\_\_\_ Fair    \_\_\_\_\_ Poor

In what semester do you expect the student to complete this degree? \_\_\_\_\_

Additional comments or remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student Signature (signifies student has seen this report): \_\_\_\_\_

Advisor Signature:

\_\_\_\_\_ Date \_\_\_\_\_