

# Graduate Student Evaluation Form

## Infectious Diseases Graduate Program

Student:	Degree Objective:
Major Professor:	Date started in program:
Date:	Estimated program completion:

### Annual check list:

	Date	Form submitted ?
Advisory Committee Selected		
Preliminary Program of Study		
Final Program of Study		
Prospectus		
Admission to Candidacy		

## Evaluation Form

(To be discussed and approved by all members of the advisory committee) For each trait, rate from 1 (deficient) to 5 (excellent).

1. Intellectual curiosity and efforts towards gaining an in-depth understanding of student's topic area and supporting disciplines	
2. Self-motivation and initiative	
3. Verbal and written communication skills	
4. Ability to work independently	
5. Ability to define research problems & organize research accordingly	
6. Ability to think critically and analyze results	
7. Participation in seminars, journal clubs, and other professional activities	
8. Ability to manage time effectively	
9. Ability to communicate effectively with major professor	
10. Progress towards completion of thesis/dissertation research	
Overall progress towards degree	

Additional comments or points for improvement:

Committee signatures:


I have discussed this evaluation with the committee and/or my major professor. My signature signifies the evaluation has been reviewed; it does not necessarily signify concurrence:

Student signature:

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