

Applied Plant Sciences Graduate Student Evaluation

| SECTION TO BE FILLED BY THE STUDENT | |
|---|---|
| Student | Advisory committee |
| Advisor(s) | |
| <p style="text-align: center;">Course program filed? <input type="checkbox"/> Yes <i>By the end of first semester</i> <input type="checkbox"/> No</p> <p style="text-align: center;">Thesis proposal approved? <input type="checkbox"/> Yes <i>By the middle of second semester for M.S. students</i> <i>By the end of the second semester for Ph.D. students</i> <input type="checkbox"/> No</p> <p style="text-align: center;">Ethics education requirement completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p style="text-align: center;">Written preliminary exam (Ph.D. students) <i>Begin by the second semester</i></p> <p style="text-align: center;">Number passed _____</p> <p style="text-align: center;">Number attempted _____</p> <p style="text-align: center;">Oral preliminary exam passed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| Grants, fellowships, or awards received in the last 12 months | |
| Oral or poster presentations in meetings in the last 12 months | |
| Full citations of papers, abstracts, and other publications in the last 12 months | |
| Outreach or educational activities in the last 12 months | |
| Other accomplishments | |
| <p>The APS program and faculty meet my expectations</p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p><i>Comments</i></p> |

SECTION TO BE FILLED BY THE ADVISOR(S)

| | |
|--|-----------------|
| Academic performance <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <i>Comments</i> |
| Research progress <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory | <i>Comments</i> |
| Performance of assistantship duties <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory | <i>Comments</i> |
| Participation in APS and department activities <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | <i>Comments</i> |
| Meets requirements for reappointment <input type="checkbox"/> Yes <input type="checkbox"/> No | <i>Comments</i> |

If you check *No*, inform the student in writing of (1) his or her deficiencies, (2) actions that need to be taken or performance objectives that need to be met, and (3) the timeframe for removing these deficiencies. Specific responsibilities of both the student and the advisor should be indicated in this letter. Failure to correct these deficiencies may result in revocation of the student's assistantship or fellowship.

SECTION TO BE FILLED BY THE STUDENT AND THE ADVISOR(S)

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|--|---|
| Student's signature and date signed | A copy of this evaluation has been given to each member of the student's advisory committee <input type="checkbox"/> Yes |
| Advisor'(s)' signature(s) and date(s) signed | |