History Graduate Student Evaluation by Graduate Course Instructor

Semester ___________ Year ___________

Name of Student: ________________________________________________________________

Check: MA ☐ Ph.D. ☐

Name of Instructor: ______________________________________________________________

Course Number and Name: _________________________________________________________

Please provide a one-paragraph summary of the student’s performance in your class. Include suggestions for improvement if necessary. You should discuss this evaluation with the student and allow the student to respond if she/he wishes. Both parties should sign and date the form, and submit it to the Graduate Studies Coordinator.

Instructor Assessment: ___________________________________________________________

_______________________________________________________ __________________________
SIGNATURE OF ADVISOR       DATE

Student Response: _______________________________________________________________

_______________________________________________________ __________________________
SIGNATURE OF STUDENT       DATE

Revised 4/21/08