

DEPARTMENT OF Horticulture Graduate Student Evaluation Form

Student's Name _____

Advisor _____ Degree program _____

Cumulative QCA _____ Semester in Residence _____

Category

Rating (1 to 5)
(1 = excellent; 5 = unsatisfactory)

Academic performance	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA
Research progress	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA
Involvement in preparing presentations, publications, and grant proposals	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA
Performance on research assistantship	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA
Performance on teaching assistantship	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input type="checkbox"/>	NA

Record of teaching experience at Virginia Tech _____

Attendance at conference:

Publications:

Services to the Horticulture Department:

Other accomplishments:

TO BE COMPLETED BY GRADUATE CHAIR	
Program of Study submitted? ¹	
Research Working Plan submitted? ²	
Date of Preliminary Exam (PhD)	

Comments and Recommendations:

Advisor:

:

Student:

Signatures:

Committee Chair

Date of Evaluation

Committee Member

Student

Committee Member

Department Head

Committee Member

Committee Member

¹Program of Study is to be submitted before completion of 6 months in residence for M.S. students and 1 calendar year for Ph.D. students

²Research Working Plan is to be submitted by the end of the first year in residence.