

SCHOOL OF MOLECULAR BIOSCIENCES
GRADUATE STUDENT ANNUAL REVIEW (2017-2018) AND FUNDING EFFORT
CERTIFICATION FORMS

The annual review of graduate students evaluates many facets of academic performance, including research, coursework, teaching and service. The evaluation period for the annual review is usually from August to May for the first year students and from May to May for all other students. The purpose of this evaluation packet is to provide a tool for a student's self-evaluation as well as evaluation of the student by his/her mentors, namely the student's research advisor, dissertation/thesis committee and TA supervisor. WSU has been directed by the Washington State Auditor's Office to complete a Funding Effort Certification Form for fall and spring semesters (section D), which are included in this packet

Each student is responsible for completing Sections A, B, D1, D3, E1 (if applicable), and E3 (if applicable). *Sections A and B should be completed in preparation for the student's annual spring committee meeting and should be provided to the committee for review.* The research advisor, in consultation with the dissertation/thesis committee, should complete Section C after the annual committee meeting. Sections D2 and D4 are to be completed by either the thesis advisor (if the student was on RA or on training grant funding) or by the TA supervisor (if the student was on TA). Sections E2 (if applicable) and E4 (if applicable) are to be completed by TA supervisor. The student is responsible for ensuring that the forms are signed at the bottom of each section appropriately (C, D, and E sections). After completion, return this packet to the Graduate Academic Coordinator in BLS 102, zip 7520.

Student's Name _____ **Advisor** _____

Year Entered _____ Degree Program (MS or Ph.D) _____

Committee members:

Date of current spring committee meeting _____

Dates of previous committee meetings _____

A. Progress toward degree

1. Cumulative GPA _____ Graded credit hours completed _____

2. Program of Study filed? (Yes or No) _____ Date approved _____

3. First proposal Date completed _____ Grade if applicable _____

4. Second proposal Date completed _____ Grade if applicable _____

5. Dates of Seminars _____

6. Seminar attendance (estimate the percentage) 0% 25% 50% 75% 100%

7. Anticipated degree completion date _____

B. Summarize your research progress and plans

Answers to questions 1-4 should not exceed one single-spaced page. A bulleted format is acceptable. Attach additional pages as necessary for questions 5-8. Please address the following items.

1. Provide a title and a short synopsis of your research.
2. What are your research goals and what have you accomplished?
3. What are your future directions and goals, if different from #2?
4. What are your strengths and weaknesses, and how will you address your weaknesses?
5. Please list your published papers.
6. Please list conferences or workshops (name of the meeting, dates, and location) you attended and provide the title of your presentations.
7. Please list any honors, awards or fellowships you received.
8. Provide any additional information that you feel may be helpful for annual review, including your professional service activities.

C. To be completed by the student's research advisor in consultation with the student's committee

Overall assessment of research progress toward degree

- Satisfactory Satisfactory performance with deficiencies Unsatisfactory

Provide an assessment of your student's research progress and accomplishments for the current review period (or research potential for a first year student). Comment on the student's strengths and weaknesses and provide specific recommendations or requirements on areas that need improvement. Consider the student's understanding of the scientific literature, recent proposal defense(s), seminar performance and research benchmarks. Attach additional pages as needed. This assessment should be shared with your student, and then signed and dated by both of you prior to sending the form to Academic Coordinator by the annual review deadline.

This evaluation has been discussed with me.

Student's Signature and Date

Advisor's digital or actual signature and Date

Print Name

Print Name

SCHOOL OF MOLECULAR BIOSCIENCES
GRADUATE STUDENT ASSISTANTSHIP CERTIFICATION FORM
FALL TERM

This form is to be completed for fall semester. The student completes D1, and either the thesis advisor (if the student is funded by RA or a fellowship) or TA supervisor (if the student is funded by TA) completes D2, and then both sign. After completion, please submit to the Graduate Academic Coordinator in BLS 102, Zip 7520.

D1. To be completed by student (Fall Term)

Name (Print): _____ Year and semester: _____

Please indicate how you were paid for the semester:

Employed by TA Employed by RA Employed by other: _____
(Please indicate: Training Grant, Fellowships, etc.)

Research Advisor Name: _____

If on TA, Supervisor's name and Course Taught: _____

Student (please each initial that you have met the following requirements). The graduate assistantship position that you have held during this past term and the related tuition waivers were contingent upon factors as outlined in your offer letter. By signing below you certify you have met the following contingent factors for the term(s) during which you held an assistantship:

_____ I remained enrolled full time (at least 10 credits for the academic year or 3 credits for summer term, as defined in Graduate School policy manual, chapter 9) during the period of the appointment.

_____ I maintained a 3.0 cumulative GPA during the period of the appointment.

_____ I met the service requirement of an average of 20 hours per week for 0.5 FTE as scheduled by my department/supervisor (or based on hours required for partial FTE appointment).

D2. To be completed by the thesis advisor or TA supervisor (Fall Term)

Rating of research progress toward degree or TA performance (If not applicable, check NA).

Category	Rating					
	Excellent	Good	Average	Fair	Poor*	NA
Academic Performance						
Research Performance						
Work Habits						
Technical Skills						
Rate of Progress						
Communication Skills						
Teaching Performance						
Overall Rating						
* If poor or unsatisfactory, the Associate Director will meet with the thesis or dissertation committee to develop formal written recommendations.						

If there were issues, please discuss the problem and how it was resolved (to be completed by the thesis advisor or TA supervisor).

To be signed by both the student and either the thesis advisor (if employed by RA or on Training grant or fellowships) or the TA supervisor (if employed by TA).

This evaluation has been discussed with me.

Student's Signature and Date

Thesis advisor or TA supervisor digital or actual Signature and Date

Print Name

Print Name

SCHOOL OF MOLECULAR BIOSCIENCES
GRADUATE STUDENT ASSISTANTSHIP CERTIFICATION FORM
SPRING TERM

This form is to be completed for spring semester. The student completes D3 and either the thesis advisor (if the student is funded by RA or a fellowship) or TA supervisor (if the student is funded by TA) completes D4, and then both sign. After completion, please submit this form to the Graduate Academic Coordinator in BLS 102 (Zip 7520).

D3. To be completed by student (Spring Term)

Name (Print): _____ Year and semester: _____

Please indicate how you were paid for the semester:

Employed by TA Employed by RA Employed by other: _____
(Please indicate: Training Grant, Fellowships, etc.)

Research Advisor Name: _____

If on TA, Supervisor's name and Course Taught: _____

Student (please each initial that you have met the following requirements). The graduate assistantship position that you have held during this past term and the related tuition waivers were contingent upon factors as outlined in your offer letter. By signing below you certify you have met the following contingent factors for the term(s) during which you held an assistantship:

_____ I remained enrolled full time (at least 10 credits for the academic year or 3 credits for summer term, as defined in Graduate School policy manual, chapter 9) during the period of the appointment.

_____ I maintained a 3.0 cumulative GPA during the period of the appointment.

_____ I met the service requirement of an average of 20 hours per week for 0.5 FTE as scheduled by my department/supervisor (or based on hours required for partial FTE appointment).

D4. To be completed by the thesis advisor or TA supervisor (Spring Term)

Rating of research progress toward degree or TA performance (If not applicable, check NA).

Category	Rating					
	Excellent	Good	Average	Fair	Poor*	NA
Academic Performance						
Research Performance						
Work Habits						
Technical Skills						
Rate of Progress						
Communication Skills						
Teaching Performance						
Overall Rating						
* If poor or unsatisfactory, the Associate Director will meet with the thesis or dissertation committee to develop formal written recommendations.						

If there were issues, please discuss the problem and how it was resolved (to be completed by the thesis advisor or TA supervisor).

To be signed by both the student and either the thesis advisor (if employed by RA or on Training grant or fellowships) or the TA supervisor (if employed by TA).

This evaluation has been discussed with me:

Student's Signature and Date

Thesis advisor or TA supervisor digital or actual Signature and Date

Print Name

Print Name

**SCHOOL OF MOLECULAR BIOSCIENCES EVALUATION
OF TEACHING ASSISTANT PERFORMANCE
FALL TERM**

Complete this form for fall semester, if the student is a TA. The student completes E1, and the TA supervisor completes E2, and then both sign. After completion, please submit this form to the Graduate Academic Coordinator in BLS 102 (Zip 7520).

E1. To be completed by the graduate student (Fall Term)

Student: _____ Course taught: _____

TA Supervisor _____ Term taught: _____

Please provide a self-assessment of your teaching performance. Include an estimate of the amount of time required per week and description of your primary duties as a TA. Describe the student evaluations of your teaching performance.

E2. To be completed by the TA supervisor.

Please comment on this student's teaching efforts and competence. This assessment should be shared with the student, and then signed and dated by both the student and instructor prior to sending it to Academic Coordinator by the spring annual review deadline.

Student's signature and Date

TA Supervisor digital or actual signature and Date

Print Name

Print Name

**SCHOOL OF MOLECULAR BIOSCIENCES EVALUATION OF
TEACHING ASSISTANT PERFORMANCE
SPRING TERM**

Complete this form for spring semester, if the student is a TA. The student completes E3, and the TA supervisor completes E4, and then both sign. After completion, please submit this form to the Graduate Academic Coordinator in BLS 102 (Zip 7520).

E3. To be completed by the graduate student (Spring Term)

Student: _____ Course taught: _____

TA Supervisor _____ Term taught: _____

Please provide a self-assessment of your teaching performance. Include an estimate of the amount of time required per week and description of your primary duties as a TA. Describe the student evaluations of your teaching performance.

E4. To be completed by the TA supervisor

Please comment on this student's teaching efforts and competence. This assessment should be shared with the student, and then signed and dated by both the student and instructor prior to sending to the Academic Coordinator by the spring annual review.

Student's signature and Date

TA Supervisor digital or actual signature and Date

Print Name

Print Name