

**SCHOOL OF MOLECULAR BIOSCIENCES
GRADUATE STUDENT ASSISTANTSHIP CERTIFICATION FORM**

This form is to be completed for each semester (fall and spring semesters). 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 this form to the Graduate Academic Coordinator in BLS 102 (Zip 7520).

D1. To be completed by student

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 TA supervisor

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 TA supervisor).

To be signed by both the student and the TA supervisor.

This evaluation has been discussed with me:

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**

Complete this form for each semester (fall and spring semesters), 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).

E.1. To be completed by the graduate student

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.

E.2. 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