**OSU Department of Fisheries and Wildlife**

**Graduate Student Annual Self-Evaluation Form**

**Graduate Student:** This evaluation will serve as part of the annual review of your progress towards completion of degree requirements. You should respond to each part and send a copy to each of your committee members requesting their review and comments. You should hold a full committee meeting or meet with committee members one-on-one as part of this process. Compile the fully completed review, including your self-assessment, the signed form from your major professor and forms/feedback received from the committee members into a single PDF and send to fw.annualevaluation@oregonstate.edu.

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Term admitted:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*e.g., Fall 2018)*

**Number of Quarters Enrolled:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Indicate the number of quarters that have elapsed since beginning your program, including the current quarter, but not counting any quarters on leave of absence)*

**Degree Program:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*MS, PSM, or Ph.D.)*

**Major Professor:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Committee Members:**

|  |  |
| --- | --- |
| Name | Department |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Completion of Milestones:**

**Date Milestone**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Assembly of Graduate Committee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program of Study Filed with Graduate School

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Research Review

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Work Completion (or percent currently complete)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preliminary Exams Completed (PhD only)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Defense (or submission of final project for non-thesis students)

**OSU Fisheries and Wildlife**

**Review of Graduate Student Progress Form (Committee Members)**

(A separate copy to be given to each member of the student's committee. A review by the GCR is not required)

**Committee Member:** Please review the student's attached Self-Evaluation, which summarizes the past year's activities. If the student has scheduled an annual committee meeting, complete this form at its conclusion. If the committee does not meet as a group, the department prefers that you complete the form following a one-on-one discussion with the student, which can be conducted remotely if necessary. An email response to these questions from your work account is an acceptable alternative to the physical form. Electronic signatures are also acceptable.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(please print)*

Committee Member’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(please print)*

Committee Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please address the following points below. Specific comments are encouraged.**

**Basis for this Evaluation:**

Attended Committee Meeting\_\_\_ Met Individually with Student\_\_\_ Reviewed Student’s Self-Assessment\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  | Satisfactory | Needs Improvement | Unsatisfactory |
| Is the student making satisfactory progress in completing their course work? |  |  |  |
| Is the student making satisfactory progress on data collection, analysis or writing for their thesis? |  |  |  |
| Is the student making satisfactory progress on completion of Departmental and Graduate School requirements (e.g., Program of Study, Research Review, Qualifying Exams)? |  |  |  |

If your rating for any criterion is needs improvement or unsatisfactory, please specify what the student can do to improve. You may attach a separate page if necessary.

OPTIONAL: Do you have additional recommendations for professional development opportunities that will enhance the student's graduate training in the coming year?

OPTIONAL: What other recommendations or suggestions do you have for the student?

**OSU Fisheries and Wildlife**

**Review of Graduate Student Progress and Performance (Major Professor)**

**Major Professor:** This form evaluates the student's progress towards program completion and their performance as a GRA. Please complete this form at the conclusion of the annual committee meeting (if the student has scheduled one), or following a one-on-one discussion with the student, after the other committee members have provided their feedback. An email response to these questions from your work account is an acceptable alternative to the physical form.

**Student’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(please print)*

**Student’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Major Professor’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(please print)*

**Major Professor’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please answer the following questions below. Specific comments are encouraged, and required in the case of an unsatisfactory evaluation.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Satisfactory | Needs Improvement | Unsatisfactory |
| Is the student making satisfactory progress in completing their course work? |  |  |  |
| Is the student making satisfactory progress on data collection, analysis or writing for their thesis? |  |  |  |
| Is the student making satisfactory progress on completion of Departmental and Graduate School requirements (e.g., Program of Study, Research Review, Qualifying Exams)? |  |  |  |
| If your student served as a GRA, are you satisfied with the student’s performance in that capacity? Note: Students funded on fellowships such as NSF-GRFP do not need to be evaluated as GRAs.  |  |  |  |

If your rating for any criterion is “needs improvement” or “unsatisfactory”, please specify what the student can do to improve. You may attach a separate page if necessary.

OPTIONAL: Do you have additional recommendations for professional development opportunities that will enhance the student's graduate training in the coming year?

OPTIONAL: What other recommendations or suggestions do you have for the student?

**Number of Committee Members (not including GCR) \_\_\_\_\_\_\_\_\_\_**

**Number of Committee Members Participating in this Review\_\_\_\_\_\_\_\_\_**

OPTIONAL: Do you have any concerns about how this review was conducted? Yes\_\_\_ No\_\_\_

**Overall Evaluation:**

 Satisfactory\_\_\_ Needs Improvement\_\_\_ Unsatisfactory\_\_\_