

Department of Mechanical Engineering

Graduate Assistant Work Assignment Final Performance Review

TO STUDENT: Please complete the following information. Students receiving a graduate assistantship or fellowship are required to work a predetermined number of hours a week during your contract period. Details will be provided by a designated faculty member who will oversee your work assignment(s). Please note that the faculty member designated to oversee your work assignment may not be the same faculty member who oversees your academic advising or mentoring. Failure to satisfy your work responsibilities, as outlined by your designated faculty member, may result in the immediate termination of your graduate assistantship. All completed forms must be returned by the student to the Mechanical Engineering Office or directly to Dr. Jeffrey Marchetta no later than Thursday May 3 rd , 2007 with the requested information and signatures.		
To be completed by student.		
Name	Social Security Number	Date
Contract Dates	Required work hours per week	
Assigned Faculty Member		
My signature below indicates that I have met with my designated faculty member and that he/she has received this form to review my overall performance during the contract period. I understand that renewal of my graduate assistantship is contingent on my ability to satisfy the continued work requirements as outlined by my designated faculty member.		
STUDENT SIGNATURE _____		DATE _____
To be completed by faculty member. Check one of the following boxes regarding the overall performance of your assigned graduate student in his/her work assignment(s): <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs improvement <input type="checkbox"/> Unsatisfactory		
If Needs improvement or Unsatisfactory were checked above, please explain.		
My signature below certifies that I have completed this performance review.		
FACULTY SIGNATURE _____		DATE _____