

**WEST VIRGINIA UNIVERSITY
BENJAMIN M. STATLER COLLEGE OF ENGINEERING AND MINERAL RESOURCES**

GRADUATE STUDENT EVALUATION FORM

To be completed by student before the end of each Fall Semester

Name: _____ Date: _____
 Degree Program: _____ Status: _____
 Enrollment Date: _____ Expected Graduation Date: _____
 GPA: _____ Date of Plan of Study Completed: _____
 Research Advisor Name: _____
 Work Supervisor Name (if applicable): _____

For PhD Students only:

Qualifying Exam: _____ Date: _____ Result: _____
 Candidacy: _____ Proposal Date: _____ Result: _____
 Final Exam: _____ Result: _____

To be completed by Research Advisor, Graduate Program Coordinator or work supervisor:

Pre-Req. met?	
Progress in course work:	
Progress in research:	
Performance in GRA/GSA/GTA when work assignment is different from research activity:	
Comments and Recommendation:	

Faculty/Supervisor Name: _____ Signature: _____

I acknowledge receipt of this evaluation Student Signature: _____