

ASTRONOMY GRADUATE STUDENT EVALUATION

FORM D – CONTACT WITH STUDENT AS TA

Student's Name _____

Semester _____

Person Evaluating _____

Date Due _____

Course Title _____

Return to Rachel Walker

**NOTE: The student will have access to this evaluation after the GSC meeting in which it is discussed.*

You are being asked to evaluate this student based on his or her work as a Teaching Assistant in your course.

PLEASE USE A SEALED ENVELOPE TO RETURN TO STUDENT COORDINATOR.