

DEPARTMENT OF BIOENGINEERING GRADUATE STUDENT EVALUATION FORM

Part 1: Goals

Date: _____ Semester/Year: _____
Student: _____ Year in Program: _____
Degree Sought: MS Thesis MS Non-Thesis PhD
Advisor: _____ Co-Advisor: _____

Part 1 is to be completed at the beginning of each semester and will be filed in the student's file within the first month of the semester.

A. Research and Scholarship (research ability and lab skill enhancement, scholarship and award proposal development, peer-reviewed manuscripts and conference proceeding submissions, conferences and seminar presentation)

B. Coursework / Fulfillment of Degree Requirements:

C. Assigned Job

20 Hours Department	20 Hours Advisor
10 / 10 Department / Advisor	Scholarship

D. Elected Office (if applicable)

Student Signature: _____ Date: _____

Advisor Signature: _____ Date: _____