DEPARTMENT OF CHEMICAL ENGINEERING
Graduate Assistant Duties and Responsibilities and Evaluation

Student Name: ___________________________ UF ID #: ___________________________

Below is the evaluation of the previous assignments and term(s).

<table>
<thead>
<tr>
<th>Term:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates:</td>
<td></td>
</tr>
</tbody>
</table>

- _______ Has satisfactorily completed all duties and responsibilities required for the appointment period indicated.
- _______ Has completed all duties and responsibilities required but needs improvement in the following areas:

  Failure to show improvement in the above areas may prevent continuation of this appointment.

- _______ Has not completed all duties and responsibilities and will NOT be reappointed. (Prior written notice of unsatisfactory performance is required.)

Below are the duties and responsibilities for the upcoming term.

<table>
<thead>
<tr>
<th>Term:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Duties &amp; Responsibilities:</th>
<th></th>
</tr>
</thead>
</table>

Faculty Advisor Signature: ___________________________ Date: ___________________________
Faculty Advisor UF ID #: ___________________________

I have reviewed the above duties and responsibilities and evaluation. I understand that I have the right to attach a statement regarding my evaluation.

Employee Signature: ___________________________ Date: ___________________________
Please note that most of our students receive only a tuition waiver and the students are responsible for paying for their activity fees. There are only a few exceptions. Please see Coordinator for those students who do not pay their activity fees. In these few cases, some of those costs may be charged to your project or paid by another source. It depends on their award.

*The funding source you indicate below will pay for the student’s stipend and tuition waiver (fees when applicable) for the upcoming semester. The project must be active during these dates.*

<table>
<thead>
<tr>
<th>Anticipated Funding Source:</th>
<th>(NOTE: This is for the upcoming semester(s).)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dates to Appoint to Above Project:</td>
<td></td>
</tr>
</tbody>
</table>

**CHECK BOXES BELOW THAT APPLY AND PROVIDE DETAILS WHERE INDICATED.**

- □ Please check box to the left if this student is an Alumni Award recipient. Note: A percentage of their tuition is paid by the Provost’s Office.
- □ Please check box to the left if this student is funded by another country. Indicate whether they will pay for ____ stipend and tuition or ___ tuition only.
- □ Please check box to the left if this student will be split with another Department at the University. Indicate Department ____________________ and percent that they will pay ____.
- □ Please check box to the left if this student will only receive a stipend and no tuition waiver.

Faculty Advisor Signature

Date

Office Use Only:

Stipend:  
Account: ________________  Percentage: ________
Account: ________________  Percentage: ________
Account: ________________  Percentage: ________

Tuition:  
Account: ________________  Percentage: ________
Account: ________________  Percentage: ________
Account: ________________  Percentage: ________

Approved by: ________  Date Posted: ________  Date Processed: ________  Entries Checked by: ________