

Due to Shirley By: _____

**DEPARTMENT OF CHEMICAL ENGINEERING
Graduate Assistant Duties and Responsibilities and Evaluation**

Student Name:		UF ID #:	
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Below is the evaluation of the previous assignments and term(s).

Term:	
Dates:	

_____ 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.

Term:	
Dates:	
Duties & Responsibilities:	

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

Graduate Assistant Duties and Responsibilities and Evaluation

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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.

Anticipated Funding Source:	(NOTE: This is for the upcoming semester(s).)
Dates to Appoint to Above Project:	

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: _____