

FACULTY – GE EVALUATION

GE: _____
NAME _____ DEGREE/TRACK _____

Course: _____ Term/Year: _____
NUMBER/TITLE _____

Please include specific positive or constructive comments or attach to this page. As mandated by our Graduate Duties and Responsibilities Statement, faculty are to meet with the GE, review the evaluation, sign, and give a copy to the GE. Please return the original to the Architecture Department by the end of the term under evaluation for the student file.

Check the appropriate box for level of performance for each of the categories below.	Outstanding	Satisfactory	Need Improvement	Poor	NOTES
Accepts and initiates responsibility					
Dependable/prepared					
Demonstrates command of material					
Meetings (regular attendance, punctuality, etc)					
Contributes ideas/suggestions					
Collegiality and peer interaction					
Professionalism (attitude, leadership, initiative, appearance)					

Recommendation and comments:

GE SIGNATURE

DATE

INSTRUCTOR or SUPERVISOR SIGNATURE

DATE

PHD ADVISOR, if applicable

DATE