

Graduate Student Researcher Evaluation

Student first name _____

Student last name _____

Academic term/year: Fall / _____

Spring / _____

Summer / _____

Degree program: PhD

Current date (mm-dd-yyyy): _____

Supervisor first name _____

Supervisor last name _____

GSR performance during this appointment period *(indicate all that apply):*

Collect data

Apply advanced computer skills

Analyze data

Work with faculty/students from diverse backgrounds and ethnicities

Develop methods (e.g. questionnaire, study forms)

Participate in seminars/workshops and other education activities

Summarize methods (e.g. for scientific presentations/study MOPs)

Attend meetings with supervisors and collaborators

Report results

Other *(specify below):*

Comments on performance:

Did the student work 20 hours per week consistently?

Yes

No

Was performance sufficient to warrant GSR continuation, provided that funding is available?

Yes

No

To be completed by Epidemiology Student Services Office staff:

Did the student attend Epidemiology Seminar (EPIDEM 2250) regularly?

Yes

No

Supervisor signature _____

Date (mm-dd-yyyy) _____

To be completed by the faculty supervisor and signed by faculty and student as directed by Lori S. Smith, Epidemiology Student Services Manager and Program Administrator. Please forward completed form to Ms. Smith (smithl@pitt.edu).