

Graduate Student Evaluation Form Administrative Officers and Faculty Members

Nominee: _____

Institution: _____

Person submitting this form: _____

Title / Position: _____

Date: _____

Nominee has been involved in classroom instruction (including laboratory and discussion sections) for a minimum of one year (2 semesters or 3 quarters) or the equivalent:

_____ Yes _____ No

Nominee is in good academic standing: _____ Yes _____ No

Relative to teachers I know, this nominee ranks (check appropriate boxes below):

| Criterion | Best | Upper 10% | Upper 25% | Above Average | Below Average |
|-----------------------------------|------|--------------|--------------|------------------|------------------|
| Intellectual impact on students | | | | | |
| Intellectual impact on faculty | | | | | |
| Scholarship | | | | | |
| Concern for students | | | | | |
| Professional integrity | | | | | |
| Innovations in teaching | | | | | |
| Evidences of previous recognition | | | | | |
| Recognition by peers off campus | | | | | |
| Overall rating as a teacher | | | | | |

Additional remarks concerning the nominee's teaching ability (encouraged, instead of a formal letter):