

**Department of Nutrition and Food Science, Texas A&M University  
Graduate Student Annual Evaluation  
(Deadline to Graduate Advisor, Kristin de Ruiter March 30, 2017)**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Major: \_\_\_\_\_ Chair: \_\_\_\_\_

UIN: \_\_\_\_\_ Degree: \_\_\_\_\_

Semester/Year First Enrolled: \_\_\_\_\_

**Academic Progress**

Degree Plan Submitted?                      Yes                      No                      Sem: \_\_\_\_\_      Yr: \_\_\_\_\_

Preliminary Exam taken?                      Yes                      No                      Sem: \_\_\_\_\_      Yr: \_\_\_\_\_

Thesis/Dissertation Proposal Submitted?      Yes                      No                      Sem: \_\_\_\_\_      Yr: \_\_\_\_\_

GPR: \_\_\_\_\_                      Credits Completed/In Progress \_\_\_\_\_

**Research Activities in the Past Year** (March 15, 2015 – March 14, 2016)

**Attach a comprehensive CV and 1 page summary highlighting major research accomplishments and other relevant scholarly activity of the past year.**

**Oral Presentations/Posters PRESENTED at Conference IN THE PAST YEAR** (Do not include oral presentation/posters that have not been presented – they will be on next year’s evaluation)

PAPER TITLE	CONFERENCE PRESENTED	CONFERENCE LOCATION	DATES OF

**Papers Submitted for Publication IN THE PAST YEAR**

PAPER TITLE	SUBMITTED TO (JOURNAL NAME)	STATUS (accepted, rejected, under revision/review)	DATE OF DECISION OR PUBLICATION INCLUDING YEAR	VOLUME/ISSUE AND PAGES (IF RELEVANT)

**Papers Published IN THE PAST YEAR**

CITATIONS

**Part 2: To be completed by the student’s committee**

**Faculty Advisor – Please meet with your students to discuss your evaluation of their performance this past year.**

**Graduate Student Committee – Each student is required to have a committee meeting each year to discuss progress towards degree.**

**Afterwards, each committee member should fill out one evaluation form and return the entire evaluation to the Graduate Advisor, Kristin de Ruiter.**

Committee Comments:

**Faculty Advisor – Please be aware that it is your responsibility to make sure that the evaluation is submitted by the deadline. If an evaluation has not been received by the deadline, the student will not be considered for a Graduate Assistantship or Graduate Scholarship from the Department. Students will also be blocked from course registration.**

Student Name: \_\_\_\_\_  
 Student UIN: \_\_\_\_\_  
 Dept/Major: \_\_\_\_\_

## Graduate Student Evaluation

Faculty Name: \_\_\_\_\_  
 Committee Role: Chair/Co-Chair \_\_,  
 Member: Inside \_\_ or Outside \_\_

**This section should be completed for ALL students:**

How well does the student meet your expectations in the following areas? (Note: Expectations should represent a common level of proficiency demanded of all students in this program)		Above Expectations	Meets Expectations	Below Expectations	Not Observable
1	Exhibits a coherent understanding of discipline-specific knowledge?				
2	Applies discipline-specific knowledge in a range of contexts to solve problems, make and justify decisions?				
3	Uses a variety of sources and evaluates multiple points of view to analyze and integrate information?				
4	Communicates effectively?				
5	Teaches or explains the subject matter in their discipline to a broad range of audiences?				
6	Exhibits proficiency in technology appropriate to solve problems in their discipline?				
7	Chooses ethical courses of action in research and practice?				

**This additional section should be completed for M.S. (Thesis Option) & Doctoral Students only:**

How well does the student meet your expectations in the following areas? (Note: Expectations should represent a common level of proficiency demanded of all students in this program)		Above Expectations	Meets Expectations	Below Expectations	Not Observable
8	Develops clear, hypothesis-driven research plans?				
9	Conducts valid, data-supported and theoretically consistent research?				
10	Effectively disseminates research results in appropriate contexts?				

**Additional Comments (optional):**

Degree Being Pursued: \_\_\_\_\_  
 Date Form Completed: \_\_\_\_\_

Student Name: \_\_\_\_\_  
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