



UNIVERSITY OF
SOUTH ALABAMA

Graduate Student Review Form

Graduate Student Name: _____ J#: _____

Overall Knowledge of the Research/Creative Activity (Competency and understanding to perform duties; learning and retaining instructions):

Goals, Objectives, Projects, Special Assignments, and Professional Development (List below the goals, objectives, or training which should be continued and/or completed):

Discussion of Individual Development Plan:

Mentor Signature: _____ Date: _____

Graduate Student Signature: _____ Date: _____

(Attach additional pages if needed)

DEADLINE: Forms must be submitted to the Graduate School (AD 301) by May 1st