Graduate Assistant Academic Progress Review Form

Name: ____________________________________________________________________________

Position: 10 months _________________________________________________________________
          12 months _________________________________________________________________
          12 months with working breaks _____________________________________________

Department: ______________________________________________________________________

Program/Degree: __________________________________________________________________

Semester/Year: ____________________________________________________________________

GPA Semester: _______________________   GPA Cumulative: __________________________

Credit hours completed this semester: ______________________________________________

Making Progress towards Degree: yes____ no_____ (GA students must take 18 semester
  hours/academic year) Comments: _________________________________________________

Will Graduate Assistant return next semester: yes____ no____

Coach/Supervisor Name: __________________________________________________________________

Coach/Supervisor Signature: ___________________________ Date: _________________

Phone Extension: ____________________________________________________________________

(To be completed by the direct supervisor after each semester of study and sent to the Assistant of The Graduate School)