

Graduate Assistant Progress Review Form



Graduate Assistant Progress Review Form

(To be completed by the GA's direct supervisor after each semester of study and sent to Otterbein's Associate Provost for Graduate Studies.)

GA Name: _____

GA Position: _____

_____ 10 Months
_____ 12 Months

Department: _____

Program/Degree:

Have you discussed academic progress with your Graduate Assistant? If so, what have you learned from the discussion(s)?

Is your graduate assistant performing satisfactorily in their role as GA?

Will graduate assistant return next semester? ☐ Yes ☐ No

Coach/Supervisor Name: _____

Coach/Supervisor Signature: _____

Date: _____ Phone extension: _____