



Graduate Assistant Annual Performance Evaluation

CONFIRMATION OF RECEIPT OF GA EVALUATION

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|-------------------------------|---------------------------|
| Graduate Assistant Name: | |
| GA Dawg Tag #: | GA AIS#: |
| Position ID #: | Percentage of Time (FTE): |
| Supervisor Name: | Rating Period: |
| Administrative Approval Name: | Date of Evaluation: |

Supervisor's Signature: _____

Date: _____

Director/Chair's Signature: _____

Date: _____

Graduate Assistant's Signature: _____

Date: _____

(Graduate Assistant's signature confirms only that the Supervisor has discussed and given a copy to the Graduate Assistant and does not indicate agreement or disagreement.)