

**ASTRONOMY GRADUATE STUDENT EVALUATION - TA**

Teaching Assistant's Name \_\_\_\_\_ Semester \_\_\_\_\_

Person Evaluating \_\_\_\_\_ Date Completed \_\_\_\_\_

Course Number \_\_\_\_\_ Unique \_\_\_\_\_

*\*NOTE: The student will have access to this evaluation after the GSC meeting in which it is discussed.*

Please evaluate this student based on his or her work as a Teaching Assistant in your course.

PLEASE EMAIL OR RETURN IN A SEALED ENVELOPE TO THE STUDENT COORDINATOR.