**ASTRONOMY GRADUATE STUDENT EVALUATION**

FORM D – CONTACT WITH STUDENT AS TA

Teaching Assistant’s Name Semester

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

Course Title Unique \_\_ **Return to Kalyn Williams**

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

You are being asked to 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.