



Graduate Assistant Annual Performance Evaluation

CONFIRMATION OF RECEIPT OF GA EVALUATION

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.)