

Graduate Student Researcher Evaluation

Student first name		Student last name	
Academic term/year:	Fall / _____	Spring / _____	Summer / _____
Degree program:	PhD	DrPH	Current date (mm-dd-yyyy): _____

Supervisor first name	Supervisor last name
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GSR performance during this appointment period *(indicate all that apply):*

- | | |
|---|---|
| <ul style="list-style-type: none"> Collect data Analyze data Develop methods (e.g. questionnaire, study forms) Summarize methods (e.g. for scientific presentations/study MOPs) Report results | <ul style="list-style-type: none"> Apply advanced computer skills Work with faculty/students from diverse backgrounds and ethnicities Participate in seminars/workshops and other education activities Attend meetings with supervisors and collaborators |
|---|---|

Other *(specify below):*

Comments on performance:

Did the student work 20 hours per week consistently? Yes No

Was performance sufficient to warrant GSR continuation, provided that funding is available? Yes No

To be completed by Epidemiology Student Services Office staff:

Did the student attend Epidemiology Seminar (EPIDEM 2250) regularly? Yes No

Supervisor signature	Date (mm-dd-yyyy)
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To be completed by the faculty supervisor and signed by faculty and student as directed by Lori S. Smith, Epidemiology Student Services Manager and Program Administrator. Please forward completed form to Ms. Smith (smithl@pitt.edu).