MS PROGRAM
Mentor Feedback Form Program Year _____

Student Name _____

Faculty Mentor/Advisor _____

Course Credits Completed _____

Thesis Proposal Date _____

Expected Thesis Defense Date _____

Expected Graduation Date _____

Mentor Ratings:

Coursework progress (satisfactorily completed full-time curriculum)

1	2	3	4	5	6	7
Not at all			Satisfactory			Exceeded Expectations

Laboratory Responsibilities (satisfactorily completed all laboratory responsibilities)

1	2	3	4	5	6	7
Not at all			Satisfactory			Exceeded Expectations

Independent Research (completed independent study and relevant preparatory work toward thesis)

1	2	3	4	5	6	7
Not at all			Satisfactory			Exceeded Expectations

Professional Behavior (maturity, responsibility, ethical behavior, interactions with peers and faculty)

1	2	3	4	5	6	7
Not at all			Satisfactory			Exceeded Expectations

Please explain any rating that is less than “4” on reverse side of page.

_____ _____
Mentor/Faculty Advisor Date

Summary of Meeting with Program Director

_____ _____
Program Director Date

_____ _____
Student Date