



Graduate Assistantship Developmental Review & Discussion Form
(per request of the Provost, to be completed each semester of an assistantship)

NOTE: If completed digitally, form can be saved only in Adobe Acrobat Pro or D program, not in "Acrobat Reader." Thus, OPEN form from within Acrobat software; then save the file with a new name that includes student's last name and the relevant semester/year.

SUBMIT TO: Graduate Secretary; edington@msu.edu .

This form is to document that the following topics have been discussed between a graduate assistant and the supervising faculty member **each semester** of a student's graduate assistantship. This form must be submitted **prior to** requesting re-appointment of a student for the following semester.

Graduate Assistant's Name: _____

Faculty Supervisor's Name: _____ Sem'r & Year Rvwd: _____

Assistantship Type: ¼-time ½-time ¾-time Date of Review: _____

Brief Assistantship Description: _____

Check after
Discussed

Discuss quality of assistantship work, based on previously laid out expectations, priorities, and responsibilities of the assistantship

Discuss timeliness of assistantship work, based on previously laid out expectations, priorities, and responsibilities of the assistantship

Discuss adequacy of the amount of work/number of hours worked, as associated with the type (¼ , ½, ¾) of assistantship

Discuss graduate assistant's strengths

Discuss graduate assistant's areas for growth

Discuss ways to improve the working relationship, communication, etc. (if needed)

Overall, Graduate Assistant meets or exceeds current expectations: Yes No

Supervisor's Comments/Recommendations/Opportunities for Reappointment (or reasons for non-reappointment)
(attach separate sheet, if needed):

Signatures indicate all topics have been discussed:

Graduate Assistant's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____