



Graduate Studies, Stratton Administration Center
P.O. Box 730 • Kutztown, PA 19530 • (610) 683-4220

2020-2024 GRADUATE ASSISTANT EVALUATION OF ASSISTANTSHIP EXPERIENCE

Please return this form to the Graduate Studies Office no later than the Wednesday after Commencement.

Supervisor _____
Name of Graduate Assistant _____ Student ID _____
Department Assignment _____
Semester/Academic Year _____
Hours per week _____

How has this experience contributed to your graduate education and goals?

What experiences will you take from this assistantship that will impact your future in education, research, and/or your professional career?



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What aspects of this assistantship can be improved?

Graduate Assistant:

Date

Supervisor:

Date