



Marriage, Family and Human Development
 2086 JFSB, Provo, UT 84602
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Annual Evaluation
 Faculty Review Form

Student's Name: _____ Student ID: _____

Advisor: _____ Assistantship Supervisor: _____

S= Satisfactory M= Marginal U= Unsatisfactory NA=Not Applicable

Advisor					Comments:
	S	M	U	NA	
Regular Contact with Advisor, Focused on Progress					
Displays Normal Relational and Psychological Functioning					
Appears to Live Up to the Honor Code					
Has a Timeline for Degree Completion					
Goals Set for the Coming Year					
Prospectus, Thesis or Dissertation Progress					
Thesis/Dissertation Credits Reflect Work Done					
Qualifying Exam Progress					
Overall Rating of Student					

Advisor's Signature: _____ Date: _____

Assistantship Supervisor				Comments:
	S	M	U	
Professional and Ethical				
Reliable				
Prepared				

Supervisor's Signature: _____ Date: _____

Graduate Secretary			
	S	M	U
Program of Study Submitted			
Graduate Committee Established			
Passing Courses with a "B" Grade or Higher			

Graduate Committee Rating			
Committee's Overall Rating of Student	S	M	U
Justification of Rating:			

Graduate Coordinator's Signature: _____ Date: _____