

This form (WORD document) must be TYPED and submitted to the department Office Manager in Browne Hall 101 by the date posted in the departmental lobby.

NAME:

SEMESTER:

GRADUATE AREA:

YEAR IN PROGRAM:

PRODUCTION WORK

(List most recent first. List no more than ten.)

#	PRODUCTION	CAST OR CREW ACTIVITY
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

OTHER DEPARTMENTAL OR OFF-CAMPUS ACTIVITIES

(Do not include classes)

Please answer the following questions as your personal assessment of your work.

List three aspects of your work you feel good about.

1.

2.

3.

List three aspects of your work you would like to improve.

1.

2.

3.

What are your artistic, academic, and personal goals for the next twelve months?

GRADUATE ASSISTANTSHIP ASSIGNMENTS FOR THE NEXT SEMESTER

1. What assignment did you perform for your assistantship this semester?

2. What assignment would you like next semester?

FOR FACULTY USE ONLY

Date of Assessment:

Progress Assessment

Possible Ranking	Descriptive Ranking	Actual Ranking (check one)
4	Excellent	
3	Satisfactory	
2	Unsatisfactory*	
1	Probation*	
0	Released from Program	

*If students are ranked as either unsatisfactory or probationary, include a description of corrective action that must be taken in order to remain in the program in subsequent semesters. Provide a reasonable timeline for action.

COMMENTS: