ANIMAL MOLECULAR AND CELLULAR BIOLOGY
GRADUATE STUDENT ANNUAL EVALUATION FORM
(5-15-20__ to 5-14-20__)  
This form is for reporting the professional performance of graduate students during the previous year. After the student completes all information on pages 2-3, **the major advisers should complete page 1 with the student.** Completed forms should be submitted to Renee Parks-James (rpj@ufl.edu) by June 30th and a copy sent to John Bromfield (jbromfield@ufl.edu) and all members of the supervisory committee.

<table>
<thead>
<tr>
<th>Score (1=high; 5=low)</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
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<tbody>
<tr>
<td>1. Student proficiency in classroom academics</td>
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<td>2. Student awareness of current literature</td>
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<td>3. Student proficiency in conducting research</td>
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<td>4. Attends pertinent seminars regularly</td>
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<td>5. Progress on writing of the thesis/dissertation</td>
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<td>6. Performs teaching responsibilities in a timely and competent manner</td>
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<td>7. Accomplishes thesis/dissertation research in a scientific and innovative manner with minimal supervision</td>
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<td>8. Completes other research responsibilities assigned by supervisor on time</td>
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<td>9. Complies with work schedule established by supervisor</td>
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<td>10. Adheres to departmental and University requirements regarding deadlines for submission of forms related to registration and academic progress</td>
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<td>11. Displays ethical conduct and interacts with others with honesty, respect and cultural sensitivity</td>
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<td>12. Overall performance</td>
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Student name: ____________________________  Program: ☐ PhD

Student UF ID: ____________________________

When did you start your program? ____________________________  When do you expect to graduate? ____________________________

Did you meet with your graduate committee this year?  ☐ Yes  ☐ No

Have you completed your Qualifying exam?  ☐ Yes  ☐ No

If no, when will you take your Qualifying exam: ____________________________
1. Describe the following including the name, date and location as appropriate:
   a. National/ international conference(s) attended.
      -
      -
      -

   b. Extension program(s) attended.
      -
      -
      -

   c. Grantsmanship workshop(s) attended.
      -
      -
      -

   d. Journal club(s) regularly attended.
      -
      -
      -

   e. Courses taught (indicate if you were the instructor, TA or if you guest lectured).
      -
      -
      -

   f. Non-academic activities (indicate your role in student associations, professional societies, student government).
      -
      -
      -

2. List the following:
   a. Manuscripts published in peer-reviewed journals (do not include manuscripts in preparation).
      -
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   b. All accepted abstracts and presentations at professional conferences including the AMCB symposium (indicate oral or poster presentation).
      -
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      -
c. Grants submitted to a funding agency (include the title and funding agency).
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e. Number of Supervised Extension credits taken (semester and year).
   •
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   •

f. Number of Supervised Teaching credits (semester and year).
   •
   •
   •

g. Did you receive a financial award (assistantship, fellowship or employment) from the university or other sponsor including your mentor that was at least $20,000 (MS) or $25,000 (PhD) per year.

   Yes ☐   No ☐  Details: ______________________________________________________

4. PhD and MS students graduating in the current academic session should complete the following details regarding postgraduation training or employment.

   ☐ After I graduate, I intend entering the work force (please provide the position title and company name).

   ____________________________________________

   ☐ After I graduate, I will enroll for further education (please provide degree and institution).

   ____________________________________________

Contact email: ____________________________________________

Contact phone: ____________________________________________
The signature of the graduate student implies acknowledgement rather than agreement with the evaluation.

Committee chair name: __________________________
Chair signature __________________________ Date: ________________

Co-chair name: __________________________
Co-chair signature __________________________ Date: ________________