

Semester Evaluation Form

Student Name:	
Last	First
Email Address:	NAU ID:
Primary Advisor(s):	
First Semester at NAU:	Current Semester:
Semester Progress:	
☐ Satisfactory ☐ Needs Improvement ☐ Not Progressing	
Provide additional information regarding as a separate document).	the student's progress in the space below (or attached

This document is intended to support the Graduate Student in the progression of their studies. Any questions or concerns regarding this document, evaluation, or recommendations should be discussed with the Primary Advisor and/or the Graduate Program Coordinator. By signing this form, all parties agree to adhere to the guidelines set forth in the Graduate Student Handbook.

Primary Advisor:		
Print Name	Signature	Date
Graduate Program Coordinator:		
Print Name	Signature	Date
Department Chair:		
Print Name	Signature	Date
Student:		
Print Name	Signature	Date

The original copy of this form is to be held with the Department of Astronomy and Planetary Science. Copies are to be sent to the Primary Advisor, and the Student.