

Eastern Michigan University
 School of Health Promotion and Human Performance
 GRADUATE ADVISOR EVALUATION FORM

Do not sign this form! Please complete it objectively and put it in the mailbox outside your advisor's office.

Advisor's Name _____ Date _____

Class Standing: Graduate/Special _____

Program hours completed _____

Overall GPA: 3.80-4.00 _____ 3.5-3.79 _____ 3.25-3.49 _____

3.00-3.24 _____ Below 3.00 _____

First semester (GPA not yet established) _____

Circle the number that best represents your objective evaluation of your assigned advisor.

5 = Exceptional 4 = Very Good 3 = Good 2 = Poor 1 = Unacceptable N/A = Not Applicable

My Advisor:

1. Regularly holds office hours.	5	4	3	2	1	N/A				
2. Has office hours at different days/hours.	5	4	3	2	1	N/A				
3. Is readily available for conferences.	5	4	3	2	1	N/A				
4. Keeps appointments when made.	5	4	3	2	1	N/A				
5. Is prepared for individual advising.	5	4	3	2	1	N/A				
6. Is easy to communicate with.	5	4	3	2	1	N/A				
7. Keeps accurate records on my progress.	5	4	3	2	1	N/A				
8. Is knowledgeable about Program area requirements.	5	4	3	2	1	N/A				
9. Is knowledgeable about creating a program plan.	5	4	3	2	1	N/A				
10. Is knowledgeable about certifications and exams.	5	4	3	2	1	N/A				
11. Has explained the Internship process.	5	4	3	2	1	N/A				
12. Helps me with career planning.	5	4	3	2	1	N/A				
13. Has spoken to me about comprehensive exams.	5	4	3	2	1	N/A				
14. Has explained the Project/Thesis process.	5	4	3	2	2	N/A				
Number of times I have seen my advisor during the year:	1	2	3	4	5	6	7	8	9	10 +

MY OVERALL RATING OF MY ADVISOR IS: 5 4 3 2 1

Comments: