**UNDERGRADUATE RESEARCH ASSISTANT PROGRAM**

**STUDENT QUARTERLY EVALUATION**

**(submit at end of quarter)**

Student’s Name:

Project Title:

Faculty Supervisor: Quarter/Year:

1. What did you expect to learn from this portion of the research project?
2. Using one or two examples to illustrate, describe your perspective of the actual learning process.
3. How would you evaluate your strengths and weaknesses as a research assistant?

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Student Assistant*

Completed assessment forms must be forwarded to Adam Lubin at alubin1@depaul.edu by the end of the quarter’s official grading period. Failure to do so may result in cancellation of the grant.