



PSYC 499.xx

Research Experience in Psychology

TERM



Research Supervisor:

Student Name:

Date:

Student ID:

### MID-SESSION EVALUATION

Research supervisor: please check one of the boxes below to indicate your evaluation of the student's progress to date:

<input type="checkbox"/>	PASS
<input type="checkbox"/>	FAIL

In the box below, please provide feedback on the student's progress in PSYC 499 (completion of duties, meeting of deadlines, quality of work, etc.). If the evaluation is "Fail", you must provide a remediation plan (i.e., what the student will need to accomplish to receive a final grade of "Pass"). You may attach additional pages as necessary. If the evaluation is "Pass", your feedback need not be extensive. Note: A copy of this form must be provided to the student and to the Director of Undergraduate Studies ([psycugrd@ucalgary.ca](mailto:psycugrd@ucalgary.ca)).

Write your evaluation here