

PSYC 499.xx

Research Experience in Psychology

TERM [2013 or 2014]

Research Supervisor:

Student Name:

Date:

Student ID:

### FINAL EVALUATION

Research supervisor: please check one of the boxes below to assign the student's final grade in PSYC 499:

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

In the box below, please provide feedback on the student's activities in PSYC 499 (completion of duties, meeting of deadlines, quality of work, etc.). If the evaluation is "Fail", you must provide explicit reasons for the failing grade. You may attach additional pages as necessary. If the evaluation is "Pass", the 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).

Write your evaluation here