

Due Date: _____ *Turn in to Psychology Advising, 3117 Sennott Square; 412.624.4540*

General Information: (Note: Your comments will be *confidential*. Your supervisor(s) will *not* receive a copy of your evaluation.)

Student's Name: _____ Student's Email: _____

Faculty Supervisor Name: _____

If a graduate student or post-doc supervises you as well, please list his/her name: _____

Evaluation of Experience: (Note: Your comments will be *confidential*. Your supervisor(s) will *not* receive a copy of your evaluation.)

1. How have your responsibilities on the project changed since mid-term?

2. Overall, how did this experience compare to your initial expectations?

3. What advice would you give to someone considering working on this particular research project? About pursuing directed research in general?

4. APPROXIMATE HOURS COMPLETED TO DATE: _____

OVER

