



EMORY UNIVERSITY

*Emory Federal Work-Study
Student Employee Evaluation Form*

Emory University
Office of Financial Aid
200 Dowman Drive, Suite 300
Atlanta, GA 30322

Phone: 404.727-6039
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Student Employee's Name:	Job Title:
Department:	Dates Employed: Start ____ / ____ / ____ End ____ / ____ / ____
Certification Statement I have reviewed and understand the Student Employee Evaluation below. Student Employee's Signature _____ Date _____ Supervisor's Signature _____ Date _____	

A: List the principal functions or duties of the student and rate accordingly				
Principal Function	Superior	Commendable	Satisfactory	Unsatisfactory

B: Additional work-related factors				
	Superior	Commendable	Satisfactory	Unsatisfactory
Attendance / Promptness / Dependability				
Initiative				
Receptivity to Suggestions of Supervisor				
Ability to Work Autonomously				
Other _____				

C: Overall evaluation				
Circle one overall rating	Superior	Commendable	Satisfactory	Unsatisfactory
Would you consider rehiring this person?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Comments	_____ _____ _____ _____ _____			