

Graduate Student Public Service
Entomology Program

Date: _____

Graduate Student: _____

Date of Public Service: _____

Description of Public Service that was provided:

Performance evaluation: _____ Satisfactory _____ Unsatisfactory

Comments:

Recommendations:

Evaluating Faculty Member:

typed/printed name

signature

date

Entomology Department (Form ED-1 0) (Apr 1999)