



EVALUATION FORM FOR STUDENT ASSISTANTS

Document No. : FM-SF-07-01

Effective Date: July 28, 2017

CENTER FOR SCHOLARSHIPS AND FINANCIAL ASSISTANCE

Tel. No. 2475000 (loc 1203)

Student Name: _____
Surname First Name Middle Name

Student Number: _____ Program/Yr: _____
Term Cover: _____ Department: _____

ACADEMIC BACKGROUND

Remaining terms to graduate	Grade Weighted Average (GWA)	Remaining units including this term
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TO BE FILLED UP BY DEPARTMENT HEAD

Instructions: Please provide the corresponding rating based on the level of performance of the student.

5 - Excellent

3 - Satisfactory

1 - Poor

4 - Very Good

2 - Needs

I. Punctuality Improvement

II. Work Delivery

III. Orderliness of Work

IV. Initiative

V. Attentiveness

VI. Sense of Responsibility

VII. Willingness to do work
assigned

VIII. Accountability

IX. Courteousness

Total Overall

rating

☐

Recommended for Renewal

☐

Not Recommended for Renewal

Approved by:

Immediate Head

Department

Date