SUPERVISOR’S REVIEW

FOR Goals

For the Period October 1, 2017 – September 30, 2018

Covering: Advisors, Specialists, Academic Administrators, and Academic Coordinators

Due: March 21, 2018

**SUPERVISOR’S REVIEW**

**For:**

|  |  |
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| Name: |  |

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| Title: |  |

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| County/Unit/Pgm: |  |

**By:**

|  |  |
| --- | --- |
| Name: |  |

|  |  |
| --- | --- |
| Title: |  |

**Provide a narrative in which you:**

* *Indicate whether or not you approve of the advisor’s goals; if not, describe how they should be revised – be specific and offer measurable attributes to be tracked over the coming year.*