

• Your name:

## Duke University

## Department of Mathematics

Box 90320 (919) 660-2800 Durham, NC 27708-0320 660-2821 (fax) dept@math.duke.edu

## Mathematics Department Internal Form – Student's Exit Assessment of Grad Program

<u>Instructions</u> : As part of our program's goals for self-assessment and improvement, please provide
your ratings of various areas that the graduate program seeks to provide you training and devel-
opment in. You may write additional comments on any areas after the evaluation grid.
Confidentiality statement: The information you provided will be pooled with other input gathered and
will be used for evaluating changes to department courses, requirements and other policies, your name

will not be used. (Name on this form only for the purpose of record keeping for this new required form.)

Assessment areas I	1	2	3	4	5
have been trained to	(Poor)		(Adequate)		(Excellent)
deliver technical presentations on					
my research in written and oral					
form.					
carry out teaching of basic math-					
ematics courses.					
take part in professional activities					
(math societies, conferences, fel-					
lowships, proposals, job applica-					
tions).					
relate my research to current re-					
sults in the literature.					
submit my research as articles for					
journals and conference presenta-					
tions.					