



PSYCHOLOGY DOCTORAL PROGRAM @ JOHN JAY COLLEGE
FIRST DOC
EVALUATION FORM

Date: _____

Candidate: _____

Training Area: _____

Title: _____

First Doc Mentor: _____

Campus: _____

Name of Evaluator: _____

Campus: _____

To the Evaluator: Please read the student's First Doc carefully before evaluating it on the scale below.

PLEASE SUBMIT THE ORIGINAL TO THE APO AND A COPY TO THE FIRST DOC MENTOR. In the event that category "B" is checked, the evaluator should give the basis of his/her evaluation in the space allotted for "comments" below.

- _____ A. I approve the student's written doctoral First Doc as it now stands.
- _____ B. Except for minor revisions (as indicated below), I approve the student's written doctoral First Doc. I assume that the candidate's First Doc sponsor will assume responsibility for these revisions.
- _____ C. I do not approve the student's written doctoral First Doc as it now stands.

COMMENTS:

Evaluator Signature: _____

Date: _____