



PSYCHOLOGY & LAW DOCTORAL TRAINING AREA @ JOHN JAY COLLEGE
SECOND DOC: EVALUATION FORM

Date: _____ **Candidate:** _____

2nd Doc Format (check all that apply):

NEW (written only; Grant or Review paper)

OLD (written + oral defense; requirement prior to Jan 2013; Second Doc Defense Approval form required)

Title: _____

Second Doc Mentor: _____

Campus: _____

Name of Evaluator: _____

Campus: _____

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

PLEASE SUBMIT THE ORIGINAL TO THE APO AND A COPY TO THE SECOND DOC MENTOR. In the event that category "B" is checked, the evaluator should give the basis of his/her evaluation below or on an attached document.

_____ A. I approve the student's written doctoral Second Doc as it now stands. (PASS)

_____ B. Except for minor or reasonable revisions (as indicated below or on attached document), I approve the student's written Second Doctoral Examination. I assume that the candidate's Second Doc sponsor will assume responsibility for these revisions. (QUALIFIED PASS)

_____ C. I do not approve the student's written doctoral Second Doc as it now stands. (FAIL)

COMMENTS:

Evaluator Signature: _____

Date: _____