

John Jay College of Criminal Justice  
PhD Program in Psychology  
The City University of New York  
445 West 59<sup>th</sup> Street  
New York, NY 10019

**Second Doc Evaluation Form**

Date: \_\_\_\_\_

Candidate: \_\_\_\_\_

Subprogram: \_\_\_\_\_

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 SEND THE ORIGINAL TO THE EXECUTIVE OFFICE AND A COPY TO THE SECOND DOC MENTOR AND THE SUBPROGRAM HEAD. 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 Second Doc as it now stands.

\_\_\_\_ B. Except for minor revisions (as indicated below), I approve the student's written doctoral Second Doc. I assume that the candidate's Second Doc sponsor will assume responsibility for these revisions.

\_\_\_\_ C. I do not approve the student's written doctoral Second Doc as it now stands.

COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_

Send Original to Executive Officer and a Copy to the Subprogram head.