



PSYCHOLOGY DOCTORAL PROGRAM @ JOHN JAY COLLEGE
SECOND DOC
EVALUATION FORM

Date: _____

Candidate: _____

Specialization: _____

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 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 Signature: _____

Date: _____

Director: Please sign in the space below if you have fully evaluated this student’s 2nd doc milestone and it is ready for processing through the Graduate Center.

Director Signature: _____

Date: _____