



M.S. Program in Cognitive Neuroscience  
The Graduate Center, City University of New York (CUNY)  
**Cognitive Neuroscience Approval of Revised Thesis Form**

This form must be completed if one or more of evaluators suggested that a thesis needs to be revised. Students must send the completed form as an email attachment to the M.S. Program in Cognitive Neuroscience's Assistant Program Officer, Wanda Mercado at [wmercado@gc.cuny.edu](mailto:wmercado@gc.cuny.edu). Original signatures are NOT required.

Name: \_\_\_\_\_ CUNYFirst ID: \_\_\_\_\_

Thesis Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Advisor: \_\_\_\_\_ Campus: \_\_\_\_\_

Email: \_\_\_\_\_

I certify that the **minor revisions** have been made by the student and that the thesis is now acceptable. (Must be approved by the student's advisor. Sign and date below.)

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

We certify that **major revisions** have been made by the student and that the thesis is now acceptable. (Must be approved by the student's advisor, the second reader, and the Director. Sign and date below.)

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Second Reader's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Date