



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

Date: _____ EMPLID: _____

Name: _____

Thesis Title: _____

Advisor: _____ Campus: _____

Email: _____

Evaluator: _____ Campus: _____

Email: _____

To the Evaluator: Please read the student’s thesis carefully before evaluating it on the scale below. In making your judgment, be sure to consider such factors as the skill with which the problem was formulated, the soundness of the research design, the nature and extent of data analyses, the integration of findings by means of theory and concept, etc. Attention should also be given to the way the thesis is written and organized.

Thesis Evaluation Forms must be received no later than two weeks prior to the thesis deposit date. Evaluators should 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. Original signatures are NOT required.

In the event that category “a” is checked, the evaluator must sign the Thesis Approval Form, which the student must submit to the library. 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 thesis as it now stands, and recommend that the thesis should be deposited.
- b. Except for minor revisions, I approve the student’s written thesis and recommend thesis should be deposited. I assume that the Advisor will assume responsibility for these revisions.
- c. I do not approve the student’s written thesis as it now stands.

COMMENTS

Evaluator’s Signature: _____

(Electronic signatures require Adobe Acrobat Reader. If your electronic signature does not work, please manually sign and scan the document.)