



Neuroscience REU Program
Brooklyn College of the City University of New York
 Funded by the National Science Foundation

Evaluator's Form – Spring 2014

Applicant Name: _____

Applicant's Institution: _____

Please rate the applicant's position relative to peers by checking the appropriate box in the table below.

	Unable to evaluate	Below average	Average	Above average	Superior
Knowledge of neuroscience					
Knowledge of research methods					
Knowledge of statistics					
Intellectual ability					
Verbal facility					
Writing facility					
Persistence under pressure/difficulty					
Acceptance of responsibility					
Ability to work independently					
Reliability					
Creativity					

Please attach a brief letter of recommendation. Describe and provide examples of the applicant's academic and personal strengths. Share any information that illustrates the applicant's preparedness for a semester-long, mentored laboratory research program in the neurosciences. Please indicate any reservations.

Evaluator Name: _____

Professional Title: _____

Institution and Department: _____

Email Address: _____

Evaluator's form – continued

Phone Number: _____

U.S. mailing address: _____

Approximately how long have you known the applicant? _____

In what capacity? _____

Evaluator's Signature: _____ Date: _____

Please return this form and letter of recommendation in a sealed and signed envelope to:

Susan Y. Chi, NSF Neuroscience REU Coordinator
Department of Psychology, Brooklyn College
2900 Bedford Avenue
Brooklyn NY 11210

Questions may be emailed to: schi@gc.cuny.edu