

 **Research Experiences for Undergraduates in Psychology and Neuroscience**

**Brooklyn College of the City University of New York**

**Funded by the National Science Foundation**

 **Evaluator’s Form**

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:**

Rose Bergdoll, REU Coordinator

Department of Psychology, Brooklyn College

2900 Bedford Avenue

Brooklyn NY 11210

Questions may be emailed to: BC.REU.RET@g   mail.com