ABSTRACT REVIEW FORM

Discipline: _________________________________________________________________

Reviewer: ________________________________________________________________

(Please write your name above. It will be kept confidential.)

DATE DUE: Friday, March 3, 2000

INSTRUCTIONS:
Please read the Suggested Guidelines for Reviewing Abstracts. After you have done so, read each abstract and respond to the questions below. Return both the Abstract Review Form and the reviewed abstract to the campus contact listed below by Friday, March 3, 2000.

1. Does the abstract conform to the enclosed student abstract format guidelines (fits within a 6 ½” x 4” frame, two copies on paper, one copy on disk, 10-point font, proper heading, etc.)?

☐ YES     ☐ NO

2. Check appropriate box

☐ ACCEPT - This abstract conforms to established guidelines. It is concise, clear, and well structured; it exhibits mastery of subject.

☐ ACCEPT WITH REVISIONS - This abstract is worthy of presentation but does not conform to established guidelines. If revisions are made it will be accepted.

☐ DO NOT KNOW - This abstract is somewhat mundane or does not represent a unique idea; may be inadequately written. Reviewer feels unqualified to make a decision.

☐ REJECT - This abstract is vague, speculative, or limited in scope. It is poorly written.

Return this form (stapled to its corresponding reviewed abstract) to your campus contact: