

The Massachusetts Public System of Higher Education
Sixth Annual Conference on
Undergraduate Research, Scholarly, Creative, and Public Service Activities

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.
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