

## Sample Form for Obtaining Feedback on Finalists

Name of Candidate: \_\_\_\_\_

Category of Evaluator:

*Faculty* \_\_\_\_\_ *Staff* \_\_\_\_\_ *DEO* \_\_\_\_\_ *Student* \_\_\_\_\_ *Vice President/Dean* \_\_\_\_\_ *Other* \_\_\_\_\_

Please give your opinion of the acceptability of this candidate for the position:

*Strong* \_\_\_\_\_ *Not strong, but acceptable* \_\_\_\_\_ *Unacceptable* \_\_\_\_\_

Please comment on the candidate's strengths and drawbacks, as well as concerns you may have:

Strengths:

Drawbacks

Concerns:

Other comments:

Please return this form by \_\_\_\_\_ (date and time) to: