**Candidate Feedback Form***NOTE: This document is to be maintained in accordance with the retention schedule for recruitments. Please use appropriate language information when providing feedback*

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

**Category of Evaluator:**

*Faculty\_\_\_\_ Staff\_\_\_\_\_\_ Student\_\_\_\_\_\_\_\_\_*

*Dean\_\_\_\_\_ Department Chair\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_*

**Please comment on the candidates’ strengths, weakness, as well as, concerns you may have:**

Strengths:

Weaknesses:

Concerns:

Other Comments:

Please return this form to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by (Date & Time)