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| --- | --- |
| **Candidate’s Name:** |  |
| **Candidate’s Dept:** |  |

**CANDIDATE’S EXTERNAL REVIEWER LIST (1 OF 8)**

**For Office of the Dean to complete:**

|  |  |
| --- | --- |
| **Dean’s Ranking:** |  |
| **Reviewer’s Response:** |  |
| **Response Date:** |  |

**For candidate to complete:**

|  |  |
| --- | --- |
| **Reviewer Name:** |  |
| **Rank:** |  |
| **Organizational Affiliation:** |  |
| **Mailing Address:** |  |
| **Phone Number:** |  |
| **Email Address:** |  |
| **Area(s) of Concentration:** |  |
| **Relationship with Candidate:** |  |
| **Major Achievements and****Standing in the Discipline:** |  |

*The Office of the Dean will provide candidate with template in advance. Must be submitted in MS Word format.*