

## Office of the Provost

## **EXTERNAL REVIEWER FORM**

(Please return this form with your recommendation letter.)

From	:	Name:	
		School/Organization:	
Subje	ct:	Relationship to candidate form	
Date:			
Name	of tl	ne candidate:	
I.	Re	ationship to the candidate and the candidate's work: *	
	a.	Past colleague at the same institution (e.g., as student, fellow, faculty member)	
	b.	Past mentor	
	c.	Past collaborator	
	d.	None of the above	
II.	Knowledge of the candidate's work is primarily based on: *		
	a.	Candidate's publications and CV	
	b.	Candidate's scientific presentations	
	c.	Personal knowledge and discussions	
	d.	Joint participation on professional activities (e.g., advisory board, study section, etc)	
III.		licate professional and personal conflict of interest l address this in your letter	
*Check	all th	at apply	
Signature			Date