EXTERNAL REVIEWER FORM
(Please return this form with your recommendation letter.)

From: Name: _____________________________________________

School/Organization: _____________________________________________

Subject: Relationship to candidate form

Date: _______________________________________________________

Name of the candidate: _________________________________________________

I. Relationship 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. Indicate professional and personal conflict of interest
     and address this in your letter
     ______

*Check all that apply

________________________________________________________________________

Signature Date