

INTERVIEW SESSION FEEDBACK FORM
DIRECTOR OF ARKANSAS TECH CAREER CENTER

CANDIDATE'S NAME: _____

.....
Please circle your employee or other designation:

Administrator	Board Member	Dean/Assoc.	Dean	Department Head
Direct Report	EC Member	Faculty	Staff	Other

Indicate the strengths this candidate will bring to this position.

Indicate the concerns you have for this candidate's success in this position.

Other comments:

_____ I find this candidate to be acceptable for this position.

_____ I find this candidate to be acceptable for this position, although I have some reservations.
(Please see above.)

_____ I find this candidate to be unacceptable for this position. (Please see above.)

Please return to Dr. Sheila Jacobs within 24 hours. sjacobs3@atu.edu ATU-Ozark Chancellor's Office