INTERVIEW SESSION FEEDBACK FORM

Director of Governmental Relations

(Please write clearly.)

CANDIDATE'S NAME:					

Please circle your employee or other designation:					
Administ	rator	Board Member	Dean/Assoc. Dean	Department Head	Athletics
Direct Re	port	EC Member	Faculty	Staff	
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 candi	date to be acceptable f	for this position.		
	 I find this candidate to be acceptable for this position, although I have some reservations. (Please see above.) 				
I	find this candi	date to be unacceptab	le for this position. (Plea	ase see above.)	

Completed forms may be returned to Beverly Nehus, special projects coordinator at ATU-Ozark Campus, at bnehus@atu.edu.