

**College of Public Health
Candidate Evaluation Form
Faculty Rank, Department of**

SEARCH COMMITTEE SUMMARY FORM

Candidate's Name: _____

Please return to
Campus Mail: MDC or Email :

1. In the opinion of the Search Committee, what are the major strengths of this candidate?

2. Indicate any concerns of the Search Committee about this candidate.

3. Indicate the opinions of the Search Committee members about the acceptability of this individual as the Chair of Health Policy and Management below:

Yes	No	Abstain
_____	_____	_____

Signature: _____ Date: _____
Chair, Search Committee

To be completed as soon as possible after interview and presentation. At the conclusion of search the Chair forwards all forms to the Dean.