

INTERVIEW REQUEST FOR FACULTY CANDIDATE (ON CAMPUS)

Name of Interviewee: _____ Position Title: _____

Department: _____ Position Number: _____

Estimated Travel Cost: _____ Requisition #: _____

Date of Interview: _____

Name of Interviewer(s)

Time

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SIGNATURES

Department Chair

Date

Academic Dean

Date

Academic Administration and Operations

Date

Senior Vice President for Academic Affairs and Provost/Designee

Date

*Affirmative Action Officer
Ivonne Montalbano*

Date