

University of Illinois at Chicago  
Dean of the Graduate College  
May, 2010  
FINALIST EVALUATION FORM

**NAME OF CANDIDATE:**

Please rate from 5 (Superior) - 1(Weak)

	<b>RATING</b>	<b>COMMENTS</b>
1. Academic Credentials		
2. Experience/Background		
3. Record of Accomplishment		
4. Administrative Leadership/Resource Management		
5. Personal Characteristics		
6. Understanding of Campus Mission		
7. Overall Assessment		

Thank you for your participation in this process. Additional comments may also be submitted with the rating form. All evaluations are strictly confidential. Send completed form and/or comments to: Rose Kirk, Faculty Affairs HR (m/c 095) or [rosekirk@uic.edu](mailto:rosekirk@uic.edu) **Please return your evaluation no later than Monday, May 24, 2010.** Thank you.

Please print your name: \_\_\_\_\_ Date: \_\_\_\_\_