**COMMENT/FEEDBACK FORM**

**Position:** DIRECTOR, DIVERSITY CENTER

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Evaluator (optional):**  |  | **Title (optional):** |  |
| **Name of Candidate:** |  | **Date:** |  |
|  |
| **What do you see as this candidate’s strengths in relation to this position?** |
| **What do you see as the candidate’s weaknesses in relation to this position?** |
| **Additional Comments:** |

**PLEASE RETURN THIS FORM TO NEISHA RHODES**

**nrhodes@csustan.edu** **or MSR 390 by: Monday, April 22, 2019 - NOON**

**THANK YOU FOR YOUR TIME AND VALUABLE PARTICIPATION!**