EXTERNAL REFEREE FORM
This form must be returned with your letter

Referee Name: ____________________________________________
Referee Title and Affiliation: ________________________________

Name of Candidate: ______________________________________
Promotion and/or Tenure Request: ___________________________

Relationship to candidate and his/her work:
Check all that apply
1. Past or present student, trainee, mentee or employee for whom you had a direct or significant role in their professional development □ Yes □ No
2. Family or close friendship □ Yes □ No
3. Co-investigator on a funded research project in the present or within the past 5 years (with exception of very large clinical trials where investigators have a very distant relationship) □ Yes □ No
4. Other, please specify:
_________________________________________________________________________
_________________________________________________________________________

Knowledge of candidate’s work primarily based on:
Check all that apply
1. His/her publications and CV □ Yes □ No
2. Scholarly presentations □ Yes □ No
3. Personal knowledge and discussions □ Yes □ No
4. Participated on review panels (study section, advisory Boards, etc.) □ Yes □ No

External Reviewer’s Signature ____________________________ Date ____________________________