FORM NTT- 2

CRITERIA APPLICABLE TO THIS CANDIDATE

|  |  |
| --- | --- |
| Candidate's Name |  |
| Department |  |
| Date |  |

1. The criteria applicable to this candidate are     ,      and      as defined in Appendix C of these Instructions.

Please check if the criteria as set forth in Appendix C of these instructions are not applicable to this candidate and attach a statement of the applicable criteria to this form. Adapt Forms 1, 4 and 5 accordingly.

Attached is a copy of the applicable criteria listed on the unit/department’s website.

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Signature of Candidate Date Signature of Date

Department Chair

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Print Name of Candidate Print Name of Department Chair