

Department Suggested Reviewers

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| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

I certify that the list of external reviewers suggested by the Department meet the following criteria:

5 years since last collaboration or co-authorship

Not a coworker within last 5 years

Not a business partner

Not a professional partner

Not the candidate's thesis advisor (MS or PhD), or postdoctoral advisor

Not a family relation such as spouse, sibling, parent, or relative

From a peer or aspiring institution or another land grant institution

Holds the academic rank of Professor or, for promotion to associate cases, Associate Professor

Is not from the "Do Not Contact List"

Comments: (Please provide a justification below in the event an external reviewer does not meet the criteria, if applicable.)

Department Printed Name:

Department Signature:

Date: