



**Department Suggested Reviewers**

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

**I certify that to the best of my knowledge and to the extent verifiable the list of external reviewers suggested by the Department meet the following criteria:**

5 years since last collaboration or co-authorship

Not from a coworker within last 5 years

Not from a business or professional partner

Not from 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

Is a full professor

Is tenured

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:**