

**UC SAN DIEGO-ACADEMIC PERSONNEL SERVICES
IDENTIFICATION AND QUALIFICATIONS OF EXTERNAL REFEREES**

Candidate Name:		
Department(s):		
School(s):		
Proposed Action(s):		
Proposed Effective Date:		

Total Letters Received:	
Total Independent Letters Received:	

List all individuals solicited for a letter, whether or not they responded

A.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Qualifications:					

B.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Qualifications:					

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C.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Qualifications:					

D.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Qualifications:					

E.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Qualifications:					

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F.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Qualifications:						

G.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Qualifications:						

H.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Qualifications:						

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I.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Qualifications:					

J.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Qualifications:					

K.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Qualifications:					

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L.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Qualifications:						

M.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Qualifications:						

N.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Qualifications:						

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O.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Qualifications:						

P.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Qualifications:						

Q.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Qualifications:						

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R.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Qualifications:					

S.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Qualifications:					

T.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Qualifications:					

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U.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Qualifications:					

V.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Qualifications:					

W.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Qualifications:					

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X.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Qualifications:					

Y.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Qualifications:					

Z.	Referee Name:					
	Referee Title:					
	Institution:					
	Independent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Selected by:	<input type="checkbox"/> Dept.	<input type="checkbox"/> Candidate
	Responded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Provided Letter?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Qualifications:					