



SAN DIEGO STATE
UNIVERSITY

**PERFORMANCE REVIEW
RESPONSE/REBUTTAL FORM**

(This form is to be completed by the Reviewing Body)

NAME OF CANDIDATE _____

DEPARTMENT/SCHOOL _____ COLLEGE _____

REVIEWER RESPONSE

___ I / WE have reviewed the response/rebuttal to MY / OUR letter of recommendation and conclude that the response/rebuttal does not alter MY / OUR recommendation.

___ I / WE have reviewed the response/rebuttal and have changed MY / OUR recommendation. MY / OUR new recommendation is: _____.

Comments, if any:

Print Name _____ Signature _____

Title _____ Date _____