

IARTP CANDIDATE EVALUATION FORM

Candidate Name: _____

Date: _____

Nominated by: _____

Interviewed by: _____

Program (*select one*):

KNH INTEGRATE:

MPH

KEMRI WHIV:

MPH

Note: This form is not required for WHIV/PhD applicants

Please evaluate the applicant according to the following categories:

	Poor	Fair	Good	Very Good	Outstanding
Previous Achievements					
Intellectual Capacity					
Commitment & Motivation					
Fluency in English					
Oral Communication Skills					
Written Communication Skills					
Attitude					
Resourcefulness & Initiative					
Flexibility					
Overall Potential					

1. What is the candidate's current position? How long has s/he been in this position?

