

**University of Wisconsin-Superior  
Authorization to Interview:  
FACULTY AND ACADEMIC STAFF**

Complete after all applications have been reviewed but prior to calling any candidates for interviews. A signed copy will be returned to the chair at which time interview arrangements may be made.

**Attach:**

1. Copy of screening & evaluation criteria used to screen & interview candidates.
2. *Roster of Applicants (Form D)*
3. *Applicant Interview Expense Authorization (Form E)*
4. The complete search file for each candidate recommended for interview.

**SEARCH NO:** \_\_\_\_\_

**POSITION TITLE OR RANK:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**CANDIDATES RECOMMENDED FOR INTERVIEW:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUESTED BY:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPROVALS:**

**Department Chair/Director:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provost:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Affirmative Action Officer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Original: Affirmative Action Officer  
cc: Requester  
Human Resources