



University of Southern Indiana

**Administrative / Faculty  
Interview Approval Form**

Department: \_\_\_\_\_ HR Job Posting #: \_\_\_\_\_

Search Committee Chair: \_\_\_\_\_

Rank of Position: \_\_\_\_\_ Closing Date: \_\_\_\_\_

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*Permission requested to invite the following candidates for campus interviews:*

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

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*Interview Approval Signatures:*

\_\_\_\_\_  
Department Chair / Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator / Dean of College

\_\_\_\_\_  
Date

*Additional Comments:*

=====  
*Provost Comments:*

\_\_\_\_\_  
Provost Signature

\_\_\_\_\_  
Date