

SELECTION DECISION FORM

|  |  |
| --- | --- |
| Interviewed Position : |  |
| School/Department : |  |
| Date : |  |

|  |  |  |  |
| --- | --- | --- | --- |
| No | Name of Candidate | Recommended Candidate (Please tick ✔) | Remark |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

We, the panel agreed/recommended the above (√) for the interviewed position.

|  |  |
| --- | --- |
|  |  |
| Name : | Name : |
| Designation : | Designation : |
| Date : | Date : |
|  |  |
| Name : | Name : |
| Designation : | Designation : |
| Date : | Date : |