**Western University Undergraduate Program Review External Reviewers Nomination Form**

**Please complete this form and return with contact information and bios to**:

Artie Harricharran, The Office of Academic Quality and Enhancement IGAB Room 1N20C, t.519-661-2111 ext. 84944 [aharric3@uwo.ca](mailto:aharric3@uwo.ca)

Program being reviewed:

Faculty/School/Affiliated University College:

Academic Unit:

Undergraduate Chair/Director:

Name and Contact Information of Program Review Coordinator:

External Reviewers should be associate or full professors, be qualified by discipline and experience to review the program and have had academic administrative experience in such roles as undergraduate program coordinators, department chair, dean, or associate dean.

External Reviewers should have a strong record of accomplishment as academic scholars, be active in their field of research and must be at arm’s length from the program under review. Reviewers who are likely, or perceived to be likely, to be predisposed to view the program or unit either positively or negatively should not be chosen. **The program is required to disclose any past affiliation or relationship that each proposed reviewer has had with the program.**

Examples of what may violate the arm’s length requirement:

* A previous member of the program or department under review (including being a visiting professor)
* Received a graduate degree from the program under review
* A regular co-author and research collaborator with a member of the program, within the past seven years, and especially if that collaboration is ongoing
* Close family/friend relationship with a member of the program
* A regular or repeated external examiner of dissertations by doctoral students in the program
* The doctoral supervisor of one or more members of the program

Contact information and short bios are required for each External Reviewer and should be submitted separately as Volume 3 of the Self-Study. In the table below, rank the proposed reviewers – reviewers will be contacted by the SUPR-U Chair in the order listed in the table. Also indicate optimal pairings of reviewers or any other notes to consider when contacting prospective reviewers; note that pairing is **not** guaranteed and based on who accepts invitations and availability.

**External Reviewers will be contacted in the ranked order indicated below:**

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| --- | --- |
| Proposed Reviewers Affiliated to Institution  **within Ontario** | Proposed Reviewers Affiliated to Institution  **outside of Ontario** |
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| Notes regarding possible reviewer pairings: |

**Preferred dates for on-site review:**

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| --- |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |

**Bios of External Reviewer Nominees**Contact information and short bios are required for **each** External Reviewer

Name of Proposed Reviewer:

Rank:

Institution: (include mailing address, telephone, fax numbers and e-mail)

Link to personal webpage (if available):

Degrees: (include university, discipline and date conferred)

Area(s) of Specialization

* *Relate this to those offered by the program being appraised.*
* *List 3 to 5 recent and relevant publications or scholarly works.*

Academic administrative Experience/Expertise relevant to service as a reviewer (e.g., program director/coordinator, department chair, associate dean or associated positions).

* *Listing of academic administrative/management experience.*
* *A short statement regarding the appropriateness of the nominee as a reviewer for this program would help the committee.*

Previous affiliation with the University if any (e.g. visiting professor – give dates, internal consultant, former employee, any former professor/student relationships with faculty members).

*Full disclosure of all past affiliation is required to assist the committee in the selection and to ensure an arm’s-length relationship.*

**Verification of Arm’s Length Status:**

By signing below, I verify that all reviewers listed are at arm’s length, personally and professionally from this program and any of its personnel.

Chair/Director’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty Approval**

By signing below, I verify that I have reviewed and approve all reviewers listed for this program.

Dean/Associate Dean Undergraduate’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_