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

The Review team conducting the site visit typically includes the following: two External Reviewers, including a member from a university outside of Ontario, a member from another Ontario university, an internal reviewer who is a Western faculty member usually a member of the Senate Subcommittee on Program Review - Undergraduate (SUPR-U), and an undergraduate student. Both the Internal Reviewer and the undergraduate student are from faculties other than the faculty in which the program resides.

Please provide a list of **five potential External Reviewers from universities outside Ontario,** and a list of **five potential External Reviewers from Ontario universities**. The Internal Reviewer and the undergraduate student will be selected by the Chair of SUPR-U.

Proposed External Reviewers should have a strong track record as academic scholars (e.g., actively publishing, teaching, supervising, holding research grants etc.), and also have academic administrative/management experience in such roles as Graduate Program Coordinator, Department Chair, Associate Dean, Dean, or other administrative leadership positions. This combination of experience allows a reviewer to provide the most valuable feedback on program curriculum, but equally on program operations, planning and the student experience. It is also important that the external reviewers have an appreciation of pedagogy – for instance who understand and appreciate the role that program-level learning outcomes and the methods for assessing student achievement of these outcomes plays within the Ontario context.

In some cases, it may be important to group nominees into categories reflecting particular areas of expertise and you may request that one from each group be chosen.

External Reviewers must be at [arm’s length](https://uwaterloo.ca/academic-program-reviews/cyclical-reviews/choosing-arms-length-reviewers) from the program, which means they are not a close friend, or a regular and current collaborator, and have not been supervised recently by a member of the program under review. Full disclosure of all past affiliations is required to assist in the selection of External Reviewers and to ensure an arm’s-length relationship. The Chair/Director must verify that each nominated reviewer is arm’s length, personally and professionally, from the program and its personnel.

The External Reviewers Nomination Form must be approved by the Dean of the Faculty, prior to sending it to the OAQE.

*NOTE: Please do not contact potential reviewers – all correspondence will be through the OAQE.*

**Please delete this page prior to submission.**

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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. 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:**

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

Site visits are typically held in-person given the opportunities for more robust rapport building, informal conversations, and tours of campus and program facilities. However, if a virtual site visit (held entirely via Zoom) would be preferred, given considerations like the physical location of ideal reviewers or implications around ease of stakeholder engagement during the site visit, please indicate this preference below.

Preferred site visit modality (either in-person or virtual): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If a virtual site visit is preferred, please indicate the rationale supporting this modality:

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**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 (e.g., experience with the development of programs and curriculum; connections with industry).*

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_