**Western University**

**graduate program review**

NAME / Degree(s)

Volume III – external reviewers

Date (month/year)

**Volume III must be reviewed and approved by the Faculty Dean (or designate) prior to submission to SGPS**

Explanation of Volume III

The review team conducting the site visit typically includes a member from a university outside of Ontario, a member from another Ontario university, a Western faculty member, usually a member of the Senate Subcommittee on Program Review – Graduate (SUPR-G), and a Graduate Student (usually Phd in later years) Both from a Faculty other than the one in which the program resides.

Please provide a list of **five potential reviewers from universities outside Ontario,** and **five potential reviewers from Ontario universities**. The Internal members of the review team, a Western faculty member and student, will be selected by the Chairs of SUPR-G.

Proposed external reviewers should have a strong track record as academic scholars (e.g., actively publishing, teaching, supervising, holding research grants etc.), and ideally should also have had academic administrative experience in such roles as Graduate Program Coordinator, Department Chair, Associate Dean, Dean, or other administrative positions. This combination of experience allows a reviewer to provide the most valuable feedback on program proposals and reviews.

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.

Reviewers must be at [arm’s length](https://uwaterloo.ca/academic-program-reviews/cyclical-reviews/choosing-arms-length-reviewers) from the program. The Chair/Director must verify that each reviewer is arm’s length, personally and professionally, from the program and its personnel.

Finally, Volume III must be approved by the Dean of the Faculty, prior to sending it to SGPS.

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

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

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VERIFICATION OF ARM’S LENGTH STATUS:

By placing an “X” in the box below, I verify that all reviewer listed are at arm’s length, personally and professionally, from this program and any of its personnel.

☐ Chair/Director

Dean of the Faculty - Approval

By placing an “X” in the box below, I verify that I have reviewed and approve all reviewer listed from this program.

☐ Dean / Associate Dean Graduate

Ontario

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ACADEMIC RANK:

INSTITUTION:

EMAIL:

Link for 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

Experience/Expertise relevant to service as a consultant (e.g. membership on editorial boards, administrative experience, academic recognition).

* A short statement regarding the appropriateness of the nominee as a consultant for this program would help the committee.

Recent scholarly activity

* if possible cite 3 to 5 recent publications or scholarly works

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).

Consultants should be at “arm’s length” from the program, which means not a close friend, not a regular and current collaborator, not having been supervised recently by, not having been a visitor/teacher for some time at, and not a former colleague. Full disclosure of all past affiliation is required to assist the committee in the selection and to ensure an arm’s-length relationship.

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