

The University of West Florida Academic Program Reviews

PROGRAM REVIEW PLANNING

Key Questions to Be Addressed by the Program Review

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Program Review Team Members – Appointment Recommendation Form

Section 1 to be completed by the Department Chair and submitted to the Dean

Section 2 to be completed by the Dean and submitted to the Vice Provost

Section 3 to be completed by the Vice Provost and copies sent to the Dean and Department Chair.

Section 1: Names recommended for Program(s)/CIP Code: _____

*Three potential *external (non-UWF)* members of the Program Review Team for consideration. External reviewers must not have a pre-existing working relationship with the University of West Florida program and program personnel. Curriculum Vitae for each individual are attached for review.

- (1) Name:
- (2) Name:
- (3) Name:

*Three potential *internal (related discipline in the same college)* members of the Program Review Team for consideration.

- (1) Name:
- (2) Name:
- (3) Name:

*Three potential *internal (a discipline not closely related to the program and not in the same college)* members of the Program Review Team for consideration.

- (1) Name:
- (2) Name:
- (3) Name:

Signature of Department Chair: _____ Date: _____

Section 2: Names recommended by the Dean:

External member:

Internal member (same college):

Internal member (different college):

Signature of Dean: _____ **Date:** _____

Section 3: Names approved by the Vice Provost for appointment as members of the Review Team:

External member:

Internal member (same college):

Internal member (different college):

Signature of the Vice Provost: _____ **Date:** _____