III. Program Review Planning—Form (in DocuSign)

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 signed by the Vice Provost. Copies sent to the Dean and Department Chair

Section 1: Names recommended by the Program Department

Program(s) to be reviewed	CIP Code(s)

Listed below are the names of 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. **Vitas for each individual are attached for review**.

External Reviewer Nominee Name	Institution

Listed below are the names of 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.

Internal (University) Reviewer Nominee	College

Listed below are the names of three potential internal (related discipline in the same college) members of the Program Review Team for consideration.

Internal (College) Reviewer Nominee	Department

Signature of Department Chair: _____Date: _____

Section 2: Names recommended by the Dean

External Reviewer	
Internal (University)	
Internal (College)	

Signature of Dean: _____Date: _____

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

External Reviewer	
Internal (University)	
Internal (College)	

Signature of Vice Provost: _____Date:_____