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| Appendix B: Nomination Form for Potential Review Team Member**Academic Program Review (APR)** |
| **ACADEMIC UNIT BEING REVIEWED:** |
| POTENTIAL REVIEWER’S INFORMATION |
| Name: |
| Title or Rank: | Phone: | Email: |
| CONTACT INFORMATION |
| Current address: |
| City: | State: | ZIP Code: |
| Website: |
|  |
| RELATIONSHIP TO UNM OR UNIT FACULTY (CO-PIS, PUBLICATIONS, CONFERENCES, PERSONAL FRIENDSHIPS ETC.) |
|  |
| BRIEFLY DESCRIBE THE QUALIFICATIONS THAT MAKE THIS PERSON AN APPROPRIATE REVIEW TEAM MEMBER FOR YOUR UNIT. INDICATE ANY RELEVANT ACADEMIC AND PROFESSIONAL EXPERIENCE QUALIFYING THIS PERSON AS A REVIEWER.\*\*\*\*IF AVAILABLE, ATTACH A SHORT BIO TO THIS FORM. |
|  |
| SUBMITTED BY: UNIT CHAIR/DIRECTOR |
| Name: |
| Signature: | Date  |
| APPROVED BY: DEAN |
| Name: |
| Signature: | Date: |
| APPROVED BY: ASSOCIATE PROVOST |
| Signature  | Date: |
| DATE RETURNED TO UNIT BY APR SPECIALIST: |