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| **APPENDIX C****U N M – AC A DE M I C P R OGR AM R E V I E W ( A P R)****N O M IN A T IO N F O R M F O R P O T EN T I A L R E VI EW T E A M ME MB E R** |
| 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: |