|  |  |  |
| --- | --- | --- |
| **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: | | |