Program Review Planning Form

*Complete* ***this form*** *and send electronically to the Office of Academic Affairs and Planning via* [*progrev@uw.edu*](mailto:progrev@uw.edu)*.*

For questions and guidance about this document or any of the program review process, contact:

* + Layla Tavassoli (ltavas@uw.edu),Academic Program Review Specialist, who manages the program review process, AND/OR
* Becky Corriell (bfran3@uw.edu), Director, Academic Program Review & Strategy, who oversees program reviews on behalf of the Graduate School Dean and Associate Dean for Academic Affairs.

***Provide the following contact information for your unit:***

|  |  |
| --- | --- |
| **Unit name:** |  |
|  |  |
| **Chair:** | |
| **Email:** |  |
| **Phone:** |  |
|  | |
| **Staff Liaison:** | |
| **Email:** |  |
| **Phone:** |  |
|  |  |
| **Chair Designate or Key Faculty** *(if applicable)***:** | |
| **Email:** |  |
| **Phone:** |  |

***Please check to confirm the following:***

The names of potential review committee members have been actively shared with all faculty within your unit to check for conflicts of interest.

The list of potential committee members has received approval from your dean and vice chancellor, for reviews at UWB and UWT.

**Degree Program Offerings**

List all **undergraduate minors, undergraduate majors**, **graduate certificate programs** and **graduate degrees** offered by your academic unit.

(It is not necessary to include all degree options.)

*Please expand the text box as needed.*

**Dates of Site Visit**

Indicate your preferred quarter for the program review site visit.

Autumn Quarter 20\_\_\_\_

Winter Quarter 20\_\_\_\_

Spring Quarter 20\_\_\_\_

One-day site visits (for graduate certificate programs only) can be scheduled on any day of the week.

Two-day site visits (for degree offering units or units that have degrees and certificates) are generally scheduled for a Monday/Tuesday or Thursday/Friday between the second week of the quarter and the last week of classes.

List five sets of dates your unit would prefer for the site visit, taking into account the availability of faculty, students and key staff.

***Preferred dates for the site visit:***

1.

2.

3.

4.

5.

**Unit-Defined Questions**

The unit may structure these questions in any fashion it wishes. Questions will be finalized during the charge meeting, and units can submit an updated draft prior to the charge meeting. The unit will provide context for these questions in Part B of the self-study.

*Use this space to provide a current draft of unit-defined questions for the review committee’s consideration.*

*Please expand the text box as needed.*

**The Review Committee**

Identify potential committee members from both the UW and peer institutions.

* Strive to identify individuals for whom, to the best of your knowledge, there exist no conflicts of interest.
* Circulate the names under consideration to your faculty to ensure that they have no conflicts of interest.

***The following are examples of common conflicts of interest for a candidate:***

* holds joint, adjunct or affiliate position with the unit
* has published with unit faculty
* engaged in collaborative research with a member of the unit
* was a mentor for or mentee of a faculty member in your unit
* is an alumnus/alumna of your unit
* considered for a position in the unit within the last five years
* previously chaired a review committee in the unit
* served on a visiting committee in the unit
* has a significant personal or professional relationship with a unit member

***Additional criteria for review committee members:***

* UW review committee members must have graduate faculty status.
  + Verify that each recommended UW committee member has graduate faculty status by using the Graduate Faculty Locator: <https://grad.uw.edu/for-faculty-and-staff/faculty-locator/>.
  + Contact Becky Corriell (bfran3@uw.edu) for questions about graduate faculty status.
* Review committee members are typically tenure-track associate or full professors.
  + If you think a representative from industry or clinical faculty will make important contributions as an external member of the review committee, attach verification from your dean indicating support for the individual.
* The Graduate School provides transportation and accommodations for external committee members only.
* Do not include suggestions for faculty living abroad.

If you have a question regarding a potential conflict of interest with a potential committee member or other committee composition questions, please contact the Office of Academic Affairs and Planning for advice.

***Names of Potential Internal Review Committee Members***

Please identify ***eight members of the graduate faculty*** at the University of Washington who might serve as internal members of the review committee. They must be from outside the unit under review, free from conflicts of interest, and able to appreciate the unit’s scholarship. Please provide a ranked list in order of preference, using the following format:

Choice #1

|  |  |
| --- | --- |
| Check box to indicate  potential  committee  chair:  Chair | Name: |
| Rank and title: |
| Academic unit:  UW box number: |
| Office address: |
| Phone: |
| Email: |
| Additional information:  Check box to verify graduate faculty status |

Choice #2

|  |  |
| --- | --- |
| Check box to indicate  potential  committee  chair:  Chair | Name: |
| Rank and title: |
| Academic unit:  UW box number: |
| Office address: |
| Phone: |
| Email: |
| Additional information:  Check box to verify graduate faculty status |

Choice #3

|  |  |
| --- | --- |
| Check box to indicate  potential  committee  chair:  Chair | Name: |
| Rank and title: |
| Academic unit:  UW box number: |
| Office address: |
| Phone: |
| Email: |
| Additional information:  Check box to verify graduate faculty status |

Choice #4

|  |  |
| --- | --- |
| Check box to indicate  potential  committee  chair:  Chair | Name: |
| Rank and title: |
| Academic unit:  UW box number: |
| Office address: |
| Phone: |
| Email: |
| Additional information:  Check box to verify graduate faculty status |

Choice #5

|  |  |
| --- | --- |
| Check box to indicate  potential  committee  chair:  Chair | Name: |
| Rank and title: |
| Academic unit:  UW box number: |
| Office address: |
| Phone: |
| Email: |
| Additional information:  Check box to verify graduate faculty status |

Choice #6

|  |  |
| --- | --- |
| Check box to indicate  potential  committee  chair:  Chair | Name: |
| Rank and title: |
| Academic unit:  UW box number: |
| Office address: |
| Phone: |
| Email: |
| Additional information:  Check box to verify graduate faculty status |

Choice #7

|  |  |
| --- | --- |
| Check box to indicate  potential  committee  chair:  Chair | Name: |
| Rank and title: |
| Academic unit:  UW box number: |
| Office address: |
| Phone: |
| Email: |
| Additional information:  Check box to verify graduate faculty status |

Choice #8

|  |  |
| --- | --- |
| Check box to indicate  potential  committee  chair:  Chair | Name: |
| Rank and title: |
| Academic unit:  UW box number: |
| Office address: |
| Phone: |
| Email: |
| Additional information:  Check box to verify graduate faculty status |

***Names of Potential External Review Committee Members***

Please identify ***eight individuals who might serve as external members*** of the review committee. External candidates should be experts in the unit’s field; currently engaged in research, scholarship, creative work, or other activity relevant to the field; and free from conflicts of interest. Please provide a ranked list in order of preference, using the following format:

Choice #1

|  |
| --- |
| Name: |
| Rank and title: |
| Institution and Academic unit: |
| Mailing address: |
| Phone: |
| Email:  Faculty URL: |
| Area of research: |
| Additional information: |

Choice #2

|  |
| --- |
| Name: |
| Rank and title: |
| Institution and Academic unit: |
| Mailing address: |
| Phone: |
| Email:  Faculty URL: |
| Area of research: |
| Additional information: |

Choice #3

|  |
| --- |
| Name: |
| Rank and title: |
| Institution and Academic unit: |
| Mailing address: |
| Phone: |
| Email:  Faculty URL: |
| Area of research: |
| Additional information: |

Choice #4

|  |
| --- |
| Name: |
| Rank and title: |
| Institution and Academic unit: |
| Mailing address: |
| Phone: |
| Email:  Faculty URL: |
| Area of research: |
| Additional information: |

Choice #5

|  |
| --- |
| Name: |
| Rank and title: |
| Institution and Academic unit: |
| Mailing address: |
| Phone: |
| Email:  Faculty URL: |
| Area of research: |
| Additional information: |

Choice #6

|  |
| --- |
| Name: |
| Rank and title: |
| Institution and Academic unit: |
| Mailing address: |
| Phone: |
| Email:  Faculty URL: |
| Area of research: |
| Additional information: |

Choice #7

|  |
| --- |
| Name: |
| Rank and title: |
| Institution and Academic unit: |
| Mailing address: |
| Phone: |
| Email:  Faculty URL: |
| Area of research: |
| Additional information: |

Choice #8

|  |
| --- |
| Name: |
| Rank and title: |
| Institution and Academic unit: |
| Mailing address: |
| Phone: |
| Email:  Faculty URL: |
| Area of research: |
| Additional information: |