



NOMINATION FORM FOR EXTERNAL REVIEWERS

[Date]

[Unit]

Evaluator(s):

[Name(s) of Proposed Reviewers]

Note: If there is more than one reviewer, please identify who will be the lead reviewer.

Academic Rank/Title (for each reviewer):

Current Institution (please include contact information for each reviewer):

Area(s) of Specialization (for each reviewer):

Experience/Expertise Relevant to Service as a Consultant (for each reviewer):



By signing below, we are acknowledging that no conflicts of interest exist between the reviewer(s) and the Providence College unit, including the respective school dean. If a relationship does exist between any member of the unit and a reviewer, please describe the nature of the relationship below.

Reviewer 1 Nature of Relationship (if any)

Reviewer 2 Nature of Relationship (if any)

Reviewer 3 Nature of Relationship (if any)

Unit Leader Approval Date

Dean's Approval (or, for administrative units, the appropriate associate/assistant vice president) Date

Provost/Sr. VPAA Approval Date

Notes:

1. If there is more than one reviewer, please identify who will be the lead reviewer.
2. Please attach a vitae/resume for each reviewer.
3. This form should be submitted at least six months prior to visit.