



CONTINUOUS IMPROVEMENT PROGRAM (CIP)

ACADEMIC AFFAIRS • PROVIDENCE COLLEGE

NOMINATION FORM FOR EXTERNAL REVIEWERS
[Date]
[Unit]
Evaluator(s):
[Name(s) of Proposed Reviewers]
<i>Note: If there is more than one reviewer, please identify who will be the lead reviewer.</i>
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):



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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.