

**Appendix B: Nomination Form for Potential Review Team Member
Academic Program Review (APR)**

ACADEMIC UNIT BEING REVIEWED:

POTENTIAL REVIEWER'S INFORMATION

Name:

Title or Rank:

Phone:

Current Address:

Email:

City:

State:

Zip:

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

Please fill out "Date" if not utilizing Adobe E-Sign

Name:

Signature:

Date:

APPROVED BY: DEAN

Name:

Signature:

Date:

APPROVED BY: ASSOCIATE PROVOST

Signature :

Date:

DATE RETURNED TO UNIT BY APR SPECIALIST: