**External Program Review**

**<Degree and Program Name>**

**Department of <Department Name>**

**<Full Name of College>**

**Sample Agenda**

**<Month, Date, Year (Day of the Week): Virtual**

*(Typically virtual but may be in-person at Dean or Department Chair’s discretion)*

|  |  |  |
| --- | --- | --- |
| **Time** | **Meeting** | **Location/Link** |
| 8:30am – 9:00am  | Launch Meeting <Name(s)>Office of Assessment and Program Review | *Note: Office of Assessment and Program Review will set up* |
| 9:00am – 9:50am  | Opening Meeting with the Dean’s Office<Name>, Dean<Name>, Associate Dean *(Dean’s discretion)*  | *Note: Office of Assessment and Program Review will set up* |
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Note:

The Office of Assessment and Program Review will set up the opening and closing meetings. Programs plan the rest of the agenda around those meetings.

☐ 45-60 mins: Department Chair

☐ 45-60 mins: Tenured/Tenure-Track Faculty *(without department chair)*

☐ 30 mins: Probationary Faculty *(without department chair)*

☐ 30-45 mins: Program Lecturers

☐ 30 mins: Program staff *(e.g., ASC, lab techs, etc. – may be combined with tour, if relevant)*

☐ 30 mins: Faculty Director of Graduate Studies *(if relevant)*

☐ 45-60 mins: Students *(separate meetings for undergraduate and graduate students, if relevant)*

☐ 30-120 mins: Tour of classrooms, labs, and relevant spaces

**<Month, Date, Year (Day of the Week): In-person**

|  |  |  |
| --- | --- | --- |
| **Time** | **Meeting** | **Location/Link** |
|  |  | *Include meeting spot* |
|  |  |  |
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|  |  |  |
| 1:30pm – 3:30pm  | Reflection/Prep/Report Planning |  |
| 3:30pm – 4:30pm  | Closing meeting with the Dean’s office, Department Chair, Office of Assessment and Program Review, and Graduate Studies (if relevant). Associate Dean(s) and program faculty are invited.  | *Note: Office of Assessment and Program Review will set up* |
| 5:30pm | Dinner Meeting with program faculty *(optional)* |  |

**External Reviewers:**

<Name>, <External Campus/Organization>, <Cell Phone Number>

<Name>, <External Campus/Organization>, <Cell Phone Number>

<Name>, <External Campus/Organization>, <Cell Phone Number>

**Contact Information:**

<Name>, Department Chair, <Department>, <Cell Phone Number>

<Name>, Office of Assessment and Program Review, <Cell Phone Number>