**WKU Academic Program Review—Non-Accredited External Reviewers List**

**2023-24**

|  |  |
| --- | --- |
| **Program Name & Program Number** | **Departmental/College Home:** |
|  |  |
| **Department Head:** | **Program Coordinator:** |
|  |  |

*If you are using one committee to review multiple programs, please list all program names/numbers above. Explain the assignment of the roles in the box at the end of this form.*

**External Member 1 (Is this Person a Committee Chair?** **Yes.** **No**

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Institution** |  |
| **Email Address** |  |
| **Telephone** |  |
| **Any notes** |  |

**External Member 2 (Is this Person a Committee Chair? Yes. No**

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Institution** |  |
| **Email Address** |  |
| **Telephone** |  |
| **Any notes** |  |

**ALTERNATES (in ranked order)**

Please include all approved and confirmed alternates in the spaces below. The Provost’s Office will contact Alternates to ensure approval by the state should we need them. Ideally, you would have at least one alternate.

**Alternate Member 1**

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Institution** |  |
| **Email Address** |  |
| **Telephone** |  |
| **Any notes** |  |

**Alternate Member 2**

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Institution** |  |
| **Email Address** |  |
| **Telephone** |  |
| **Any notes** |  |

Please include any additional information about your external reviewers or the committee in the box below.

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