**List of Suggested Internal Reviewers**

**for IQAP Cyclical Program Review**

**Name of Program(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Prepared by:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date prepared**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a list of at least four suggested individuals from outside of your discipline for your program review. This list should be endorsed by your Dean.

Your completed and endorsed list can be emailed to Dr. Susan Searls Giroux, VP Faculty (avpfac@mcmaster.ca) (for undergraduate program reviews) and/or to Dr. Doug Welch, VP and Dean of Graduate Studies (deangrad@mcmaster.ca) (for graduate program reviews) with a copy sent to Julianne Simpson, Quality Assurance Specialist (iqap@mcmaster.ca ).

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| **1.** | **Name, Rank and Position:** |
|  | **Contact Information:** |

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| **2.** | **Name, Rank and Position:** |
|  | **Contact Information:** |

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| **3.** | **Name, Rank and Position:** |
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| **4.** | **Name, Rank and Position:** |
|  | **Contact Information:** |

**Any additional comments:**