Queen’s University Quality Assurance Processes

Review Team Nominations and Ranking

**The academic unit must maintain the** [**arm’s length requirement**](https://oucqa.ca/guide/choosing-arms-length-reviewers-2-2-1-and-5-2-1/) **and may only contact review team nominees to assess their willingness and potential availability to participate in the review.** The Faculty Office will be the main point of contact for reviewers when arranging site visits. A sample itinerary for site visits is available upon request to [**quqap@queensu.ca**](mailto:quqap@queensu.ca).

Under Queen’s University Quality Assurance Processes (QUQAP), cyclical reviews for undergraduate and graduate programs, as well as all proposals for new undergraduate and graduate programs, are subject to review by at least two (2) external reviewers and one (1) internal reviewer. Additional reviewers are optional and not required.

To assist in the selection of the review team, programs are required to submit nominations for eight (8) external reviewers, three (3) internal reviewers and professional reviewers if requested. Academic units may make additional nominations at their discretion.

**For each nominee, please attach or link to a full CV and include information regarding possible conflicts of interest.**

**Programs should submit the completed template to** [**quqap@queensu.ca**](mailto:quqap@queensu.ca)

**The Office of the Provost will facilitate the decanal ranking process of the nominees.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Program Contacts** | | | |
| **Name:** |  | **Name:** |  |
| **Title:** |  | **Title:** |  |
| **Department:** |  | **Department:** |  |
| **Email:** |  | **Email:** |  |

|  |
| --- |
| **Name of Proposed Program or Program(s) being Reviewed** |
|  |

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EXTERNAL REVIEWERS

External reviewer nominees are associate or full professors who have the required academic and administrative expertise to review the program(s). It is good practice to ensure that at least one of the external reviewers is from inside and one from outside the province of Ontario. (QUQAP 2.5.1.1.4 and 6.7.1.1.5)

External reviewers should have a strong track record as academic scholars in the discipline and should also have had academic administrative experience in such roles as undergraduate or graduate program coordinators, department chair, dean, graduate dean, or associated positions. This combination of experience allows a reviewer to provide the most value to reviews of new program proposals and existing programs. (QUQAP 6.7.1.1.3)

It is also important that the external reviewers have an appreciation of pedagogy. Further, there should be at least one person within the membership of the Review Committee who understands and appreciates the role that program-level learning outcomes and the methods for assessing student achievement of these outcomes play within the Ontario context. For example, including someone with experience as a Department Head, Undergraduate/Graduate Chair, Curriculum Chair or equivalent as a member of the Review Team can provide critical external perspective and expertise. (QUQAP 2.5.1.1.2 and 6.7.1.1.3)

# External Reviewer No. 1

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| --- | --- |
| Personal Information | |
| Title: |  |
| Given Name: |  |
| Surname: |  |
| Institutional Information | |
| Current Position: |  |
| Current Institution: |  |
| Contact Information | |
| Mailing Address: |  |
| Phone Number: |  |
| Email Address: |  |
| Assistant’s Information (if applicable): |  |
| CV | |
| If available, provide a link to the CV. Otherwise, attach as a PDF to this document. |  |

## Provide a brief explanation of the reviewer’s academic qualifications in relation to conducting the review of the program.

[Delete and Insert Text Here]

## Provide a brief explanation of the reviewer’s administrative qualifications in relation to conducting the review of the program. Please include any evidence of the reviewer’s understanding and appreciation for pedagogy and learning outcomes.

[Delete and Insert Text Here]

## Please disclose any potential conflicts of interest and any previous affiliation with Queen’s University (visiting professor, former employee, student relationships, family ties, etc.). Include any relevant periods of time where possible.

[Delete and Insert Text Here]

# External Reviewer No. 2

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| --- | --- |
| Personal Information | |
| Title: |  |
| Given Name: |  |
| Surname: |  |
| Institutional Information | |
| Current Position: |  |
| Current Institution: |  |
| Contact Information | |
| Mailing Address: |  |
| Phone Number: |  |
| Email Address: |  |
| Assistant’s Information (if applicable): |  |
| CV | |
| If available, provide a link to the CV. Otherwise, attach as a PDF to this document. |  |

## Provide a brief explanation of the reviewer’s academic qualifications in relation to conducting the review of the program.

[Delete and Insert Text Here]

## Provide a brief explanation of the reviewer’s administrative qualifications in relation to conducting the review of the program. Please include any evidence of the reviewer’s understanding and appreciation for pedagogy and learning outcomes.

[Delete and Insert Text Here]

## Please disclose any potential conflicts of interest and any previous affiliation with Queen’s University (visiting professor, former employee, student relationships, family ties, etc.). Include any relevant periods of time where possible.

[Delete and Insert Text Here]

# External Reviewer No. 3

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| Personal Information | |
| Title: |  |
| Given Name: |  |
| Surname: |  |
| Institutional Information | |
| Current Position: |  |
| Current Institution: |  |
| Contact Information | |
| Mailing Address: |  |
| Phone Number: |  |
| Email Address: |  |
| Assistant’s Information (if applicable): |  |
| CV | |
| If available, provide a link to the CV. Otherwise, attach as a PDF to this document. |  |

## Provide a brief explanation of the reviewer’s academic qualifications in relation to conducting the review of the program.

[Delete and Insert Text Here]

## Provide a brief explanation of the reviewer’s administrative qualifications in relation to conducting the review of the program. Please include any evidence of the reviewer’s understanding and appreciation for pedagogy and learning outcomes.

[Delete and Insert Text Here]

## Please disclose any potential conflicts of interest and any previous affiliation with Queen’s University (visiting professor, former employee, student relationships, family ties, etc.). Include any relevant periods of time where possible.

[Delete and Insert Text Here]

# External Reviewer No. 4

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| Personal Information | |
| Title: |  |
| Given Name: |  |
| Surname: |  |
| Institutional Information | |
| Current Position: |  |
| Current Institution: |  |
| Contact Information | |
| Mailing Address: |  |
| Phone Number: |  |
| Email Address: |  |
| Assistant’s Information (if applicable): |  |
| CV | |
| If available, provide a link to the CV. Otherwise, attach as a PDF to this document. |  |

## Provide a brief explanation of the reviewer’s academic qualifications in relation to conducting the review of the program.

[Delete and Insert Text Here]

## Provide a brief explanation of the reviewer’s administrative qualifications in relation to conducting the review of the program. Please include any evidence of the reviewer’s understanding and appreciation for pedagogy and learning outcomes.

[Delete and Insert Text Here]

## Please disclose any potential conflicts of interest and any previous affiliation with Queen’s University (visiting professor, former employee, student relationships, family ties, etc.). Include any relevant periods of time where possible.

[Delete and Insert Text Here]

# External Reviewer No. 5

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| Personal Information | |
| Title: |  |
| Given Name: |  |
| Surname: |  |
| Institutional Information | |
| Current Position: |  |
| Current Institution: |  |
| Contact Information | |
| Mailing Address: |  |
| Phone Number: |  |
| Email Address: |  |
| Assistant’s Information (if applicable): |  |
| CV | |
| If available, provide a link to the CV. Otherwise, attach as a PDF to this document. |  |

## Provide a brief explanation of the reviewer’s academic qualifications in relation to conducting the review of the program.

[Delete and Insert Text Here]

## Provide a brief explanation of the reviewer’s administrative qualifications in relation to conducting the review of the program. Please include any evidence of the reviewer’s understanding and appreciation for pedagogy and learning outcomes.

[Delete and Insert Text Here]

## Please disclose any potential conflicts of interest and any previous affiliation with Queen’s University (visiting professor, former employee, student relationships, family ties, etc.). Include any relevant periods of time where possible.

[Delete and Insert Text Here]

# External Reviewer No. 6

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| Personal Information | |
| Title: |  |
| Given Name: |  |
| Surname: |  |
| Institutional Information | |
| Current Position: |  |
| Current Institution: |  |
| Contact Information | |
| Mailing Address: |  |
| Phone Number: |  |
| Email Address: |  |
| Assistant’s Information (if applicable): |  |
| CV | |
| If available, provide a link to the CV. Otherwise, attach as a PDF to this document. |  |

## Provide a brief explanation of the reviewer’s academic qualifications in relation to conducting the review of the program.

[Delete and Insert Text Here]

## Provide a brief explanation of the reviewer’s administrative qualifications in relation to conducting the review of the program. Please include any evidence of the reviewer’s understanding and appreciation for pedagogy and learning outcomes.

[Delete and Insert Text Here]

## Please disclose any potential conflicts of interest and any previous affiliation with Queen’s University (visiting professor, former employee, student relationships, family ties, etc.). Include any relevant periods of time where possible.

[Delete and Insert Text Here]

# External Reviewer No. 7

|  |  |
| --- | --- |
| Personal Information | |
| Title: |  |
| Given Name: |  |
| Surname: |  |
| Institutional Information | |
| Current Position: |  |
| Current Institution: |  |
| Contact Information | |
| Mailing Address: |  |
| Phone Number: |  |
| Email Address: |  |
| Assistant’s Information (if applicable): |  |
| CV | |
| If available, provide a link to the CV. Otherwise, attach as a PDF to this document. |  |

## Provide a brief explanation of the reviewer’s academic qualifications in relation to conducting the review of the program.

[Delete and Insert Text Here]

## Provide a brief explanation of the reviewer’s administrative qualifications in relation to conducting the review of the program. Please include any evidence of the reviewer’s understanding and appreciation for pedagogy and learning outcomes.

[Delete and Insert Text Here]

## Please disclose any potential conflicts of interest and any previous affiliation with Queen’s University (visiting professor, former employee, student relationships, family ties, etc.). Include any relevant periods of time where possible.

[Delete and Insert Text Here]

# External Reviewer No. 8

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| --- | --- |
| Personal Information | |
| Title: |  |
| Given Name: |  |
| Surname: |  |
| Institutional Information | |
| Current Position: |  |
| Current Institution: |  |
| Contact Information | |
| Mailing Address: |  |
| Phone Number: |  |
| Email Address: |  |
| Assistant’s Information (if applicable): |  |
| CV | |
| If available, provide a link to the CV. Otherwise, attach as a PDF to this document. |  |

## Provide a brief explanation of the reviewer’s academic qualifications in relation to conducting the review of the program.

[Delete and Insert Text Here]

## Provide a brief explanation of the reviewer’s administrative qualifications in relation to conducting the review of the program. Please include any evidence of the reviewer’s understanding and appreciation for pedagogy and learning outcomes.

[Delete and Insert Text Here]

## Please disclose any potential conflicts of interest and any previous affiliation with Queen’s University (visiting professor, former employee, student relationships, family ties, etc.). Include any relevant periods of time where possible.

[Delete and Insert Text Here]

INTERNAL REVIEWERS

Internal reviewer nominees must have experience in the structure and administrative policies at Queen’s University (QUQAP 2.5.1.2.3 and 6.7.1.2.3) but must not be closely involved in the academic unit or Faculty/School. (QUQAP 2.5.1.2.4 and 6.7.1.2.4)

# Internal Reviewer No. 1

|  |  |
| --- | --- |
| Personal Information | |
| Title: |  |
| Given Name: |  |
| Surname: |  |
| Institutional Information | |
| Current Position: |  |
| Current Department: |  |
| Current Faculty: |  |
| Contact Information | |
| Phone Number: |  |
| Email Address: |  |
| Assistant’s Information (if applicable): |  |

## Please disclose any potential conflicts of interest and any affiliation with the program.

[Delete and Insert Text Here]

# Internal Reviewer No. 2

|  |  |
| --- | --- |
| Personal Information | |
| Title: |  |
| Given Name: |  |
| Surname: |  |
| Institutional Information | |
| Current Position: |  |
| Current Department: |  |
| Current Faculty: |  |
| Contact Information | |
| Phone Number: |  |
| Email Address: |  |
| Assistant’s Information (if applicable): |  |

## Please disclose any potential conflicts of interest and any affiliation with the program.

[Delete and Insert Text Here]

# Internal Reviewer No. 3

|  |  |
| --- | --- |
| Personal Information | |
| Title: |  |
| Given Name: |  |
| Surname: |  |
| Institutional Information | |
| Current Position: |  |
| Current Department: |  |
| Current Faculty: |  |
| Contact Information | |
| Phone Number: |  |
| Email Address: |  |
| Assistant’s Information (if applicable): |  |

## Please disclose any potential conflicts of interest and any affiliation with the program.

[Delete and Insert Text Here]

PROFESSIONAL REVIEWERS

Professional reviewers may be requested by the program, subject to approval from the relevant Dean(s) and the Provost, or delegate. (QUQAP 2.5.1.3.1 and 6.7.1.3.1) Nominees must be appropriately qualified and selected from relevant industries or professions. (QUQAP 2.5.1.3.2 and 6.7.1.3.2)

# Professional Reviewer No. 1 (Optional)

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| --- | --- |
| Personal Information | |
| Title: |  |
| Given Name: |  |
| Surname: |  |
| Institutional Information | |
| Current Position: |  |
| Current Institution: |  |
| Contact Information | |
| Mailing Address: |  |
| Phone Number: |  |
| Email Address: |  |
| Assistant’s Information (if applicable): |  |
| CV | |
| If available, provide a link to the CV. Otherwise, attach as a PDF to this document. |  |

## Provide a brief explanation of the reviewer’s area of expertise and relevant industry-specific experience.

[Delete and Insert Text Here]

## Please disclose any potential conflicts of interest and any previous affiliation with Queen’s University (visiting professor, former employee, student relationships, family ties, etc.). Include any relevant periods of time where possible.

[Delete and Insert Text Here]

## Faculty Office Only: Indicate approval for the program’s request for an additional reviewer (if applicable):

[Delete and Insert Text Here]

## School of Graduate Studies and Postdoctoral Affairs (SGSPA) Office Only: Indicate approval for the program’s request for an additional reviewer (if applicable):

[Delete and Insert Text Here]

DECANAL RANKING AND PROVOST APPROVAL

The academic unit should list the names of the unit’s proposed reviewers in the first column of the tables below in ranked order. Faculty Deans will then indicate their ranking of the unit’s review team nominees numerically in the second column, and the Dean of Graduate Studies and Postdoctoral Affairs (if applicable), in the third. Finally, the Provost (or delegate) will complete the fourth column with the approved list of nominees. Use an X in the column to indicate an unsatisfactory reviewer.

|  |  |  |  |
| --- | --- | --- | --- |
| **External Reviewer Names** | **Faculty Ranking** | **SGSPA Ranking** | **Provost Approved List** |
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| --- | --- | --- | --- |
| **Internal Reviewer Names** | **Faculty Ranking** | **SGSPA Ranking** | **Provost Approved List** |
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# Approved Rankings

## The Provost (or delegate) has approved the following nominations:

|  |
| --- |
| **External Reviewer Nominees** |
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| **Internal Reviewer Nominees** |
| 1. |
| 2. |
| 3. |
| **Additional Reviewer** |
| 1. |

Authorizations

|  |  |  |
| --- | --- | --- |
| **Authorization Signatures and Dates** | | |
|  |  |  |
| Signature of Faculty Dean |  | Date |
|  |  |  |
| Signature of Vice Provost and Dean (SGSPA)  *If applicable* |  | Date |
|  |  |  |
| Signature of Vice Provost (Teaching and Learning) |  | Date |