Program Review Committee Form

Program Review Cycle: -- Review Cycle -- **Review Period**: -- Review Period --

Program/Department Name: -- Program/Department Name --

Division Name: -- Division Name --

This form acknowledges that the individuals listed have agreed to serve as members of the Program Review Committee in accordance with institutional policies and timelines. The committee is responsible for evaluating the overall health of the program, offering actionable recommendations, and providing an impartial perspective on areas for improvement.

Program Review Committee Members
Please list the name, title/role, department and email address for your committee members.

Name	Title/Role	Department	*Email*

Acknowledgement
By signing below, I acknowledge the following:

- I agree to serve on the program review committee for the above named area.
- I understand the expectations and responsibilities of a program review committee member.
- I agree to work collaboratively with the program review lead to ensure a thorough and reflective review process.

Writing Committee Chair:
Name: _____ Signature: _____ Date: _____

Program Review Committee Liaison:
Name: _____ Signature: _____ Date: _____

Program Review Committee Member:
Name: _____ Signature: _____ Date: _____

Program Review Committee Member:
Name: _____ Signature: _____ Date: _____