# External Reviewer Request and Authorization Form

Name of Program undergoing Review:

**Suggested campus visit dates:**

## Reviewer 1

Name and Title of Proposed Reviewer:

Current Place of Employment:

Website:

Email Address:

Phone number:

## *Projected Expenses*

*Please note that whenever possible, a qualified in-state reviewer and a one-day site visit is preferred.*

**Travel:**

[ ]  Drive [ ]  Fly [ ]  Other

**Lodging:**

Number of nights in hotel:

**Rental Vehicle?**

[ ]  No [ ]  Yes

**Note:**

## Reviewer 2

Name and Title of Proposed Reviewer:

Current Place of Employment:

Website:

Email Address:

Phone number:

## *Projected Expenses*

*Please note that whenever possible, a qualified in-state reviewer and a one-day site visit is preferred.*

**Travel:**

[ ]  Drive [ ]  Fly [ ]  Other

**Lodging:**

Number of nights in hotel:

**Rental Vehicle?**

[ ]  No [ ]  Yes

**Note:**

## Reviewer 3

Name and Title of Proposed Reviewer:

Current Place of Employment:

Website:

Email Address:

Phone number:

## *Projected Expenses*

*Please note that whenever possible, a qualified in-state reviewer and a one-day site visit is preferred.*

**Travel:**

[ ]  Drive [ ]  Fly [ ]  Other

**Lodging:**

Number of nights in hotel:

**Rental Vehicle?**

[ ]  No [ ]  Yes

**Note:**

## Prior Relationship/s:

Explain any prior or current relationship with the program and/or program faculty/students that may create a conflict of interest.

* Has any of the suggested reviewers previously taught for Westmont?

[ ]  No [ ]  Yes Name

**Comment:**

* Is a reviewer currently involved in a business or professional relationship with a member of the program?

[ ]  No [ ]  Yes Name

**Comment:**

* Has any of the suggested reviewers recently been a candidate for a position at Westmont?

[ ]  No [ ]  Yes Name

**Comment:**

* List any other professional/personal relationships between any member of the program and the proposed reviewers.

**Submitted by       Date:**

 *(Department Chair)*

**Credentials and availability verified by**

**Approved by**

 *(Provost Signature)*

**Funding amount approved by Provost $**