

## Procedure for Selecting and Working With an External Reviewer for Academic Program Reviews

### University of Minnesota Crookston

1. Program faculty will provide department heads with the names and contact information of potential external reviewers. Department heads may have suggestions for other potential reviewers.
2. Department head contacts potential external reviewers to determine their willingness to perform the external review during a specific time frame.
3. Once the department head has secured the verbal or email agreement of the external reviewers (normally two), the department head will contact the Business Office purchasing contact (Peggy Chaput) and provide contact information, street mailing address, and email address.
4. The Business Office will set the external reviewer up as an individual vendor.
5. The department head will provide access to the Campus Labs program review site by contacting Institutional Effectiveness (Sue Erickson).
6. The external reviewers will do the review.
7. When the review has been satisfactorily completed by the deadline, the department head will provide the Business Office with the following forms to process the payment:
  - PO Request (attached) with addresses and a department budget line to be charged for the services
  - Statement of Work, using the boilerplate language (attached), amended as appropriate  
<http://policy.umn.edu/forms/search?combine=statement+of+work>
  - Check Request  
<http://policy.umn.edu/forms/search?combine=check+request+form>
8. The Business Office will process the paperwork, and a check will be issued.

STATEMENT OF WORK

Supplier's Name:

Scope of Work:

(Include a full description and purpose of the service. Identify deliverables, milestones and dates.)

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Payment Schedule:

(If more than one invoice will be presented by the contractor, provide a description of the payment schedule here.)

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COPY AND PASTE ABOVE, AMENDING AS APPROPRIATE, THEN DELETE THIS SHADED EXPLANATION FROM THE FINAL DOCUMENT

Supplier's Name: Reviewer' Name

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Scope of Work

(Include full description and purpose of the service. Identify deliverables, milestones and dates.)

- Serve as external reviewer for the six-year academic program review for the \_\_\_\_\_ program, commenting on each of the major sections (I-VII) of the program review self-study and on the program review self-study as a whole
- Access and review the program review self-study and evaluation rubric within UMC's instance of Campus Labs
- Provide actionable feedback on the \_\_\_\_\_ program's strengths and weaknesses based on information provided in the program review self-study and your expertise in the program area
- Provide specific feedback on the program's plans for the future

Payment Schedule

Payment of \$X will be made upon completion of the work by the established end date.

## **Purchasing Order (PO) Request Form**

**Purchase Order Dollar Amount (include shipping):** \_\_\_\_\_

**If your purchase order is \$10,000-49,999 complete the price comparison form:**

[http://policy.umn.edu/forms/formresults.cfm?TitleCode=price+comparison&output=xml\\_no\\_dtd](http://policy.umn.edu/forms/formresults.cfm?TitleCode=price+comparison&output=xml_no_dtd)

### **For the approval of this expense:**

Please cc: your department head or director in your e-mail to our department. We no longer require invoices to be signed as part of the payment process. You are agreeing to pay the expenses incurred by requesting this purchase order.

### **Required Department Information:**

Department Contact Name: \_\_\_\_\_

Department Phone: \_\_\_\_\_

Fund: \_\_\_\_\_

Department ID: \_\_\_\_\_

Program: \_\_\_\_\_

Project (only if sponsored account): \_\_\_\_\_

Chartfield 1 (CF1): \_\_\_\_\_

Chartfield 2 (CF2): \_\_\_\_\_

Justification (Why, What, Who, Where and When): \_\_\_\_\_

### **Required Vendor Information:**

Vendor Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Remit to Address: \_\_\_\_\_

### **Provide Documentation if available**

Please attach any estimates, quotes, or other information you have to go with this purchase order.

**Requestor's Signature (if routed via mail):** \_\_\_\_\_

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

Please send this form to Peggy Chaput in the Business Office/Selvig 121 or email:

[chap0044@umn.edu](mailto:chap0044@umn.edu)