Proposed Reviewers for Cyclical Program Reviews

**Name of Program(s) under review:**

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| **Proposed External Reviewer No. 1:** |
| *Surname* | *Given Name* | *Title* |
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| *Institution* | *Mailing Address* |
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| *Current Position* |
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| *Tel.* | *E-mail* | *URL (if available)* |
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| *Provide a brief explanation of the reviewer’s suitability and relevant experience in relation to conducting the review of this program(s). Please indicate relevant experience in administration (e.g. undergraduate chair,**department head, associate dean).* |
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| **Disclosure of University of Windsor Affiliations and potential Conflicts of Interest** |
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| **Proposed External Reviewer No. 2:** |
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