# TEXAS HIGHER EDUCATION
# COORDINATING BOARD
Academic Quality and Workforce

## Graduate Program External Review Form
☐ **Master's**   ☐ **Doctoral**

**Institution:**

**Department/School:**

**Academic Program:**

**External Reviewers (Name, Title, Institutional Affiliation):**

**Instructions:**
Please use this optional form to provide your assessment of each item below based on your knowledge of other public research institutions. Please rate each item of the academic department/school and program as excellent, very good, appropriate, needs improvement or N/A. At the end of each section, please expound on any items in that section identified as excellent or needing improvement. Additional comments are optional. Provide recommendations for improvement at the end of the sections. **Please note:** this External Review Form must be saved in PDF format when submitted to the Coordinating Board.

### A.  Academic Unit Description and Strategic Plan
*Please evaluate the following (check boxes as appropriate)*

|  | **Excellent** | **Very Good** | **Appropriate** | **Needs Improvement** | **NA** |
|---|---|---|---|---|---|
| A.1. Vision, Mission and Goals | ☐ | ☐ | ☐ | ☐ | ☐ |
| A.2. Strategic Plan | ☐ | ☐ | ☐ | ☐ | ☐ |

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Please expound if you identified any items in the section as *excellent*.

Please expound if you identified any items in the section as *needing improvement*.

Other comments (optional):

Recommendations:

### B. Program Curriculum

*Please evaluate the following (check boxes as appropriate)*

|  | Excellent | Very Good | Appropriate | Needs Improvement | NA |
|---|---|---|---|---|---|
| B.1. Alignment of program with stated program and institutional goals and purposes | ☐ | ☐ | ☐ | ☐ | ☐ |
| B.2. Curriculum development, coordination, and delivery | ☐ | ☐ | ☐ | ☐ | ☐ |
| B.3. Student Learning Outcome Assessment | ☐ | ☐ | ☐ | ☐ | ☐ |
| B.4. Program Curriculum compared to peer programs | ☐ | ☐ | ☐ | ☐ | ☐ |

Please expound if you identified any items in the section as *excellent*.

Please expound if you identified any items in the section as *needing improvement*.

Other comments (optional):

Recommendations:

### C. Faculty Productivity
*Please evaluate the following (check boxes as appropriate)*

|  | **Excellent** | **Very Good** | **Appropriate** | **Needs Improvement** | **NA** |
|---|---|---|---|---|---|
| C.1. Qualifications | ☐ | ☐ | ☐ | ☐ | ☐ |
| C.2. Publications | ☐ | ☐ | ☐ | ☐ | ☐ |
| C.3. External Grants | ☐ | ☐ | ☐ | ☐ | ☐ |
| C.4. Teaching Load | ☐ | ☐ | ☐ | ☐ | ☐ |
| C.5. Faculty/Student Ratio | ☐ | ☐ | ☐ | ☐ | ☐ |
| C.6. Achievements | ☐ | ☐ | ☐ | ☐ | ☐ |
| C.7. Profile | ☐ | ☐ | ☐ | ☐ | ☐ |
| C.8. Community/Public Service | ☐ | ☐ | ☐ | ☐ | ☐ |
| C.9. Teaching Evaluations | ☐ | ☐ | ☐ | ☐ | ☐ |
| C.10. Development | ☐ | ☐ | ☐ | ☐ | ☐ |

Please expound if you identified any items in the section as *excellent*.

Please expound if you identified any items in the section as *needing improvement*.

Other comments (optional):

Recommendations:

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## D. Students and Graduates

*Please evaluate the following (check boxes as appropriate)*

| | Excellent | Very Good | Appropriate | Needs Improvement | NA |
|---|---|---|---|---|---|
| D.1. Demographics | ☐ | ☐ | ☐ | ☐ | ☐ |
| D.2. Time to Degree | ☐ | ☐ | ☐ | ☐ | ☐ |
| D.3. Publications/Awards | ☐ | ☐ | ☐ | ☐ | ☐ |
| D.4. Retention Rates | ☐ | ☐ | ☐ | ☐ | ☐ |
| D.5. Graduation Rates | ☐ | ☐ | ☐ | ☐ | ☐ |
| D.6. Enrollment (# of Students, SCHs) | ☐ | ☐ | ☐ | ☐ | ☐ |
| D.7. Licensure Rates | ☐ | ☐ | ☐ | ☐ | ☐ |
| D.8. Graduate Placement | ☐ | ☐ | ☐ | ☐ | ☐ |
| D.9. Degrees Conferred Annually | ☐ | ☐ | ☐ | ☐ | ☐ |
| D.10. Admissions | ☐ | ☐ | ☐ | ☐ | ☐ |
| D.11. Student Support Services | ☐ | ☐ | ☐ | ☐ | ☐ |
| D.12. Tracking Program Graduates | ☐ | ☐ | ☐ | ☐ | ☐ |

Please expound if you identified any items in the section as *excellent*.

Please expound if you identified any items in the section as *needing improvement*.

Other comments (optional):

Recommendations:

### E. Facilities/Resources

*Please evaluate the following (check boxes as appropriate)*

|  | Excellent | Very Good | Appropriate | Needs Improvement | NA |
|---|---|---|---|---|---|
| E.1. Facilities and Equipment | ☐ | ☐ | ☐ | ☐ | ☐ |
| E.2. Finances and Resources | ☐ | ☐ | ☐ | ☐ | ☐ |
| E.3. Program Administration | ☐ | ☐ | ☐ | ☐ | ☐ |
| E.4. Staff Resources | ☐ | ☐ | ☐ | ☐ | ☐ |
| E.5. Developmental Resources | ☐ | ☐ | ☐ | ☐ | ☐ |

Please expound if you identified any items in the section as *excellent*.

Please expound if you identified any items in the section as *needing improvement*.

Other comments (optional):

Recommendations:

### F. Additional Areas of Review

*Use this section to address other aspects of the program in need of review.*

## G. Overall Findings and Assessment
*Please provide a summary of the review.*