

**College of Sciences and Health Professions**

**Chemistry Department External Reviewer Site Visit Itinerary**

**DATE, 2016**

XXX, PhD

Professor of Pathology & Laboratory Medicine

University of Anytown

**Wednesday, XXX, 2016**

**TRAVEL & WELCOME**

Reservations and Contact info:

Crowne Plaza Cleveland at Playhouse Square

1260 Euclid Avenue

Cleveland, OH 44115

216.615.7500

Confirmation #:

Contact: Program Review Coordinator, Academic Planning

Office: 216.xxx-xxxx; Cell: 216.xxx-xxxx (after 5:00 PM)

**Ground Transportation Instructions:**

**XXX XXX**

Your driver will meet you at **XXX**. Please call the driver when you arrive at baggage claim at 216.272.6554.

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| 6:00 PM – 7:30 PM | Welcome Dinner\*You will be met in the hotel lobby and escorted/accompanied by the committee review team | Attendance: XXX, Review Committee Members |

**Thursday, XXX, 2016**

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| 9:00 AM – 10:15 AM | Meeting with Provost’s Administrative Team**LOCATION: XXX** | Attendance: Provost, Vice Provost, Academic Planning, Graduate Dean, VP Research & Scholarship |
| 10:15 AM – 11:15 AM | Meeting with College Dean and Associate Dean(s)**LOCATION: XXX** | Attendance: XXX, Dean, XXX, Associate Dean, XXX, Review Committee |
| 11:15 AM – 12:10 PM | Tour departmental facilities | Attendance: XXX and XXX, Review Committee |
| 12:15 PM – 1:30 PM  | Lunch with Program Review Committee**LOCATION: XXX** |
| 1:30 PM – 2:30 PM | Meet with Program Director(s)**LOCATION: XXX** | Attendance: XXX, XXX, Professor and Associate Chair, Graduate Programs, XXX and XXX, Review Committee |
| 2:30 PM – 3:30 PM | Meet with Departmental Faculty**LOCATION: XXX** | Attendance: All department faculty have been invited |
| 3:30 PM – 4:15 PM | Meet with select Undergraduate Students **LOCATION: XXX** | Attendance: XXX |
| 4:15 PM – 5:15 PM | Meet with select Graduate Students **LOCATION: XXX** | Attendance: XXX, Review Committee |
| 5:15 PM – 5:45 PM | Return to hotel to prepare for dinner meeting – You will be escorted/accompanied by the committee review team |  |
| 6:00 PM – 7:30 PM | Dinner with select faculty **AND/OR** Program Director**LOCATION: XXX**\*You will be met in the hotel lobby and escorted/accompanied by the committee review team | Attendance: XXX **,** Review Committee |

**Friday, January 23, 2015**

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| 8:00 AM – 9:30 AM | Reviewers’ Breakfast –Breakfast provided by the **XXX** | Attendance: XXX **AND/OR** XXX, Review Committee |
| 9:30 AM – 11:30 AM | Review Team Working Session**LOCATION: XXX** |
| 11:30 AM – 12:30 PM | Review Team Lunch**LOCATION: XXX** |  |
| 12:30 PM – 1:30 PM | Exit Interview with Provost Administrative Team | Attendance: Provost, Vice Provost for Academic Planning, Vice President Research & Scholarship, Graduate Dean |
| 12:30 PM – 2:00 PM  | Reviewers depart Cleveland State | Ground transportation provided by **XXX** |