**A-State**

**Program Review Site Visit Schedule/Agenda**

**Virtual**

**Date/s of Virtual Visit:**

**Lead Reviewer’s Name:**

**Cell Phone:**

**Email:**

**Secondary Reviewer’s Name:**

**Cell Phone:**

**Email:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Activity** | **Date** | **Time** | **Zoom Link** |
| Meet with College Dean and Associate Dean/s |  |  |  |
| Meet with Department Chair |  |  |  |
| Meet with Faculty (without administration present) |  |  |  |
| Lunch (this could be included with the student or faculty meeting) |  |  |  |
| Meet with Students (without faculty present) |  |  |  |
| Meet with external constituents (advisory council, alumni, employers, etc.) |  |  |  |
| Exit Interview with:* Provost
* AVC for Assessment and Accreditation
* College Dean and Associate Dean/s
* Department Chair
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