Program Reviews

Stakeholder Submission Coversheet

Please complete this coversheet if you are providing your submission via email rather than the [online submission form](https://forms.office.com/Pages/ResponsePage.aspx?id=QN_Ns1SWJkqGoXecUfacSGucDu75tJJHsqTv5h9zEbRUQjc5NzFTUjY1MzE4WUZUM1EzUFZSQzYwQiQlQCN0PWcu). We recommend that you review the Stakeholder Submission Guide (see [Resources](https://www.adelaide.edu.au/learning/reviews/resources)) to gain helpful advice and examples for your submission. After completing both your submission and this coversheet, please email them to eq@adelaide.edu.au.

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| 1. Select the program review you would like to make a submission for: | [ ] [ ] [ ]  | Review of the Master of Computer ScienceReview of the Bachelor of Mathematical Sciences (Honours) ProgramsReview of the Postgraduate Programs in Law |
| 2. For this submission, I will be representing: | [ ] [ ]  | Myself as an individualA group (team, committee, administrative unit or organisation) |
| 3. If representing a group, please provide the name: |  |
| 4. Please describe your / your group’s status in relation to the University of Adelaide. You can only select one status; please select the status that best aligns with how you want your submission to be acknowledged. | [ ] [ ] [ ] [ ]  | Current StudentAlumnusInternal StaffExternal/Industry Stakeholder |
| 5. **STUDENTS/ALUMNI:** Which program are you currently studying or have previously studied at the University of Adelaide? |  |
| 6. **STUDENTS/ALUMNI**: What year level are you currently enrolled in within your program? |  |
| 7. **INTERNAL STAFF:** What is your role and department/division? |  |
| 8. **INDUSTRY/EXTERNAL:** What is your/your group's relationship to the University/Program? |  |
| 9. I give permission for the Education Quality team to provide my submission to either: | [ ] [ ]  | The independent, external reviewer appointed to the reviewBoth the external reviewer and the internal program team |
| 10. Please provide my submission to those above with my personal details: | [ ] [ ] [ ]  | IdentifiedDe-identified (i.e. anonymous)Identified for the external reviewer, de-identified for the internal program team |
| 11. Student ID number (if applicable or known) |  |
| 12. Title |  |
| 13. Full name |  |
| 14. Preferred contact email address |  |
| 15. Are you comfortable being contacted for feedback on the program review stakeholder engagement process for future improvements? | [ ] [ ]  | YesNo  |