

**COUNCIL FOR PROGRAMS IN TECHNICAL AND SCIENTIFIC  
COMMUNICATION (CPTSC)  
APPLICATION FOR CPTSC PROGRAM REVIEW  
Drafted October 1991, Last updated April 1999**

This document is intended to support program reviews under CPTSC consultation. The purpose of the review is to help develop strong programs in technical and scientific communication, not to compare or rank programs, and not to establish certification for programs or their graduates.

CPTSC helps interested programs find suitable reviewers. It is up to the program and the assigned reviewer(s) to work out the details for expenses, honoraria, and reporting requirements.

This document contains two parts: **Part I** is an initial questionnaire designed to acquaint CPTSC representatives in a broad way with the program and its goals prior to any review activity. **Part II** is intended to lead the program representatives through a structured self-study process as a prelude to the onsite visit of the program reviewer. Programs should adapt these instruments as necessary in light of their purposes for review.

Please direct any questions about the review process, the application, and the accompanying self-study materials to the following CPTSC representative:

Professor Carole Yee  
Department of Humanities  
New Mexico Tech  
Socorro, NM 87801  
505-835-5323  
cyee@nmt.edu

**Part I: Application for Program Review**

To be completed on initiation of the review process and forwarded to Carole Yee, who will help select suitable reviewers for programs.

***General Information***

Name of institution:

Address of institution:

Telephone:

Name of the department:

Name of person completing this profile:

Title:

Public: \_\_\_\_\_ Private: \_\_\_\_\_

Two-year college: \_\_\_\_\_ Four-year college: \_\_\_\_\_ University \_\_\_\_\_

Undergraduate programs:

\_\_\_\_\_ AS                      \_\_\_\_\_ Certificate  
\_\_\_\_\_ BS                      \_\_\_\_\_ Minor  
\_\_\_\_\_ BA                      \_\_\_\_\_ Other: \_\_\_\_\_

Graduate programs:

\_\_\_\_\_ MS                      \_\_\_\_\_ Ph.D.  
\_\_\_\_\_ MA                      \_\_\_\_\_ Other: \_\_\_\_\_

Student enrollment in each of your programs:

\_\_\_\_\_ AA                      \_\_\_\_\_ MS  
\_\_\_\_\_ BS                      \_\_\_\_\_ MA  
\_\_\_\_\_ BA                      \_\_\_\_\_ Ph.D.  
\_\_\_\_\_ Certificate \_\_\_\_\_ Others:  
\_\_\_\_\_ Minor

Why are you seeking an outside evaluation?

- State legislative mandate
- Board of Trustees' (Regents') mandate
- College president's or dean's request
- Department chair's request
- Request of department members
- Other (please explain):

**1. How do you define your program?**

- Technical writing program.
- Technical communication program.
- Technical and professional communication program
- Other:

**2. What does the above program nomenclature mean for you practically and philosophically?**

**3. Course Offerings:**

Indicate those that are required courses. Please attach an additional sheet, if necessary. You might choose to attach the relevant pages of your course catalog.

Undergraduate Course Number & Title	Frequency of Offering	No./Size of Sections

Graduate Course Number & Title	Frequency of Offering	No./Size of Sections

**4. What percentage of your program's courses are taught by each of the following groups?**

- Full-time tenured faculty
- Full-time pre-tenured faculty
- Teaching assistants
- Full-time non-tenured faculty
- Part-time faculty

**5. Do you offer any courses that introduce students to the discipline of Scientific and Technical Communication?  Yes  No**

If so, please list them:

**6. Do you have any laboratories associated with your Scientific and Technical Communication programs -- photography, video, computers, graphics, etc.?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, describe the labs, who supervises them how many students/classes are served by the labs, and how many faculty are involved in them.

**7. How many faculty teach in your programs?** \_\_\_\_\_

**8. How many of these faculty are:**

- \_\_\_\_\_ Tenured faculty
- \_\_\_\_\_ Pre-tenured faculty
- \_\_\_\_\_ Part-time faculty
- \_\_\_\_\_ Adjunct faculty

**9. In what areas have your program faculty received their terminal degrees?**

**10. In what areas are your program faculty conducting research/scholarship?**

**11. How many faculty have industry experience?** \_\_\_\_\_

- \_\_\_\_\_ Years of full-time industry experience for each
  - \_\_\_\_\_ Years of part-time consulting for each
- In what areas of the professions?

**12. What is the typical course load per term for a teacher in your program?**

Please explain, if this course load differs for full-time versus part-time faculty:

Full-time faculty:

Part-time faculty:

**13. Who directly supervises your programs?**

Name and title of person indicated in question above:

**14. Is there a committee that is advisory to the program supervisor?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

If so, how is membership on the committee determined?

If so, on what matters do they advise? \_\_\_\_\_

**15. What major concerns would you like to have the CPTSC program review committee address?**

**16. What special conditions about your campus and its programs should CPTSC consider in reviewing your programs?**

**Preferred times for evaluation visit (indicate a first and second preference):**

Fall (September, October, November)

Winter (December, January, February)

Spring (March, April, May)

Summer (June, July, August)

We are interested in a preliminary consultation visit to assist us with our self-study.

Yes       No

Program Contact Person for evaluation. All correspondence will be directed to this person unless we are instructed otherwise.

Name:

Title:

Department:

Address:

Telephone:

Email

FAX

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