New Paltz
STATE UNIVERSITY OF NEW YORK

Name of faculty member:

_____
Last Name   First   MI

Department: _____

Reporting period: _____

TO BE COMPLETED BY THE CANDIDATE
Following is a list of the required documentation, in the <u>exact order</u> in which it should appear in the file.

Please select *Yes* or *No* for the documentations included in the file:

YES   NO

☐   ☐   1. **Review/Cover sheet** (included with call letter)

☐   ☐   2. **This checklist** (included with call letter)

☐   ☐   3. **Brief list outlining accomplishments**

☐   ☐   4. **Annual Faculty Reports** for _____

☐   ☐   5. **Current curriculum vitae** in SUNY New Paltz format (see current year DSI guidelines)