

**APPLICATION FOR DSI – REVIEW SHEET**

**PART-TIME FACULTY**

**Reporting Period: January 1 – December 31, 2020**

**Name** of faculty member: \_\_\_\_\_ **Department** \_\_\_\_\_

This is a consolidated cover sheet reflecting discretionary award recommendations from the department subcommittee (or committee of the whole), department chair, and the dean.

**After review/rationale is completed, type name, sign and date, submit to next level.**

Department Subcommittee Recommendation:  Major  Merit  No Award

Rationale:

Submitted by:

Date:

*Subcommittee Chair Signature*

Department Chair Recommendation:  Major  Merit  No Award

Rationale:

Submitted by:

Date:

*Department Chair Signature*

Dean Recommendation:  Major  Merit  No Award

Rationale:

Submitted by:

Date:

*Dean Signature*

Provost Recommendation:

Major

Merit

No Award

Rationale:

Submitted by:

Date:

*Provost Signature*

President Decision:

Major

Merit

No Award

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**Final Decision**

Major

Merit

No Award