## **APPLICATION FOR DSI – REVIEW SHEET**

## **FULL-TIME FACULTY (tenured, tenure-track, lecturer)**

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 da	nte, submit	to next level.		
Department Subcommittee Recommendation: Rationale:	☐ Major	☐ Merit	☐ No Award		
Submitted by: Subcommittee Chair Signature		Date:			
Department Chair Recommendation:  Rationale:	☐ Major	☐ Merit	☐ No Award		
Submitted by:  Department Chair Signature		Date:			
Dean Recommendation:  Rationale:	☐ Major	☐ Merit	☐ No Award		
Submitted by:  Dean Signature		Date:			

Salary & Increase Committee Recommendation:  Rationale:	☐ Major	☐ Merit	☐ No Award		
Submitted by: Salary & Increase Committee Chair Signature		Date:			
Provost Recommendation:  Rationale:	☐ Major	☐ Merit	☐ No Award		
Submitted by:  Provost Signature		Date:			
President Decision:	☐ Major	☐ Merit	☐ No Award		
***********					
Final Decision					
☐ Major	☐ Merit ☐ No Awa	rd			