<u>APPLICATION FOR DSI – REVIEW SHEET</u>

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

Reporting Period: January 1 – December 31, 2023

Name of faculty n	nember:	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 and date, submit to next level.							
Department Subc	committee Recommendation:	☐ Major	☐ Merit	☐ No Award			
Submitted by:	bcommittee Chair - Printed Name		Date:				
<u>Department Chair</u> Rationale:	Recommendation:	☐ Major	☐ Merit	☐ No Award			
Submitted by: De	partment Chair - Printed Name		Date:				

Dean Recommendation: Rationale:		☐ Major	☐ Merit	☐ No Award
Submitted by: Dean - Printed Name			Date:	
Salary & Increase Committee Recomme Rationale:	endation:	☐ Major	☐ Merit	☐ No Award
Submitted by: Salary & Increase Committee	e Chair - Printed Name		Date:	