

California State University, Fresno
Assigned Time for Exceptional Levels of Service to Students
Academic Years 2014-2015 and 2015-2016

Faculty Name: _____ Title/Rank: _____

Department: _____

TO BE COMPLETED BY SCHOOL/COLLEGE COMMITTEE

The School/College committee has examined all applications and proposals for Assigned Time for Exceptional Levels of Service to Students along with the departmental committee and department chair (if applicable) recommendations. We are forwarding a list of rank-ordered meritorious applications along with our recommendations to the Dean.

The committee found your application/proposal as:

- Meritorious. You were ranked #: _____
- Not meritorious

Attached is the signed and dated written recommendation of the committee.

Signature of committee chair: _____ Date: _____

TO BE COMPLETED BY DEAN

I have reviewed a) all original applications/proposals; b) recommendations of the departmental committee; c) recommendation of the department chair (if applicable); d) recommendations of the school/college committee. I have also considered the overall quality of the proposal and the consistency of the proposal with General Provisions #2 in [APM 355](#).

I am approving the proposal.

You are awarded ____ WTU for Spring 2016 Fall 2016

I am not approving the proposal.

Attached is my written recommendation.

Signature of Dean: _____ Date: _____