

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 DEPARTMENT COMMITTEE

Committee Members elected on (enter date) _____:

- Attached is the signed and dated written recommendation of the committee. A copy has been provided to the faculty member.**

Signature of committee chair: _____ Date: _____

TO BE COMPLETED BY DEPARTMENT CHAIR

- I am not making a separate recommendation.**
- I made a separate recommendation and have attached my signed and dated recommendation. A copy has been provided to the faculty member.**

Signature of department chair: _____ Date: _____