

**SSSI RECOMMENDATION FORM**

For activities during the period \_\_\_\_\_

Name of faculty member \_\_\_\_\_

Department \_\_\_\_\_ College \_\_\_\_\_

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**Department Recommendation:**

Recommended

Not recommended

Reasons:

\_\_\_\_\_  
Signature of Department Representative

\_\_\_\_\_  
Date

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**Dean's Decision:**

SSSI Granted

SSSI Denied

Reasons:

\_\_\_\_\_  
Signature of Dean

\_\_\_\_\_  
Date