Artistic Project ________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Name of Faculty Nominee: _____________________________ Rank: ______________________

Department Name: ___________________________________ Department Address __________

Nominee’s E-Mail Address: _____________________________ Nominee’s Phone: __________________

Category: (One category must be checked)

☐ Visual Arts

☐ Literary Arts

☐ Performing Arts

☐ Arts Education

Years at WSU: _______________ Years in Current Rank: _______________

Previous WSU Awards Received: ___________________________________ Year: _____________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Supported by:

(Department Chair ’s Signature) Typed Name of Department Chair E-Mail Address
Forwarded By:
(School/College Support)

(Dean’s Signature) _______________ Typed Name of Dean ______________________ E-Mail Address

Budget:
1. Nominee’s 9-month salary: ____________________
2. Fringe Benefits: ____________________
3. Estimated instructional replacement costs: ____________________