

BARUCH COLLEGE

Request to Defer Scholar Incentive Award

Name _____ Social Security # _____

Department _____ Title _____

I hereby request to change the dates of the full year Scholar Incentive Award granted to me

beginning _____ to a full year Scholar Incentive Award to
begin _____

The reason for this request is: _____

Faculty member's signature _____ Date _____

Address _____

Authorization

To be completed by Department Chair: Proposed arrangements for academic work.

Department Executive Committee

Approved Denied

Chair's signature

Date

School P& B Committee

Approved Denied

Chair's signature

Date

College P&B Committee

Approved Denied

Chair's signature

Date