**Cover Form for SOSA Application-Fall 2014**

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| --- | --- |
| **Applicant name** |  |
| **TCNJ email** |  |
| **Department** |  |
| **School** |  |
| **Current rank** |  |
| **Title of proposed****SOSA program or project** |  |

**IRB or IACUC Approval:** Note: Your application can be submitted prior to approval by IRB (human subjects) or IACUC (certain animal studies). Select the following options that apply.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| IRB Approval: | \_\_\_To be submitted | \_\_\_Under review | \_\_\_Approved | \_\_\_Not needed |
| IACUC Approval: | \_\_\_To be submitted | \_\_\_Under review | \_\_\_Approved | \_\_\_Not needed |

**Collaboration**: If you arecollaborating with another TCNJ faculty and that faculty member is also submitting a SOSA application this year, please provide the name of the faculty member below. All applications must be written and submitted independently.

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| TCNJ Faculty Collaborator: |

**Final Report for SOSA (Past Five Years):** Please include copies of Final Reports for two-year (or one-year) SOSA awards ending on the dates listed below. Check all that apply. Faculty currently in a two-year cycle should not submit interim reports.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \_\_\_\_2010 | \_\_\_\_\_2011 | \_\_\_\_2012 | \_\_\_\_\_2013 | \_\_\_\_\_2014 |

**Pre-Tenure Status:** Pre-tenure status means you have not reached the year in which your tenure officially takes effect.

|  |  |  |
| --- | --- | --- |
| I have pre-tenure status. |  \_\_\_\_ Yes | \_\_\_\_ No |

**Re-engaging in Scholarly/Creative/Professional Activity:** An applicant may be considered as “re-engaging in scholarly/creative/professional activity” when there are gaps in the chronology of the curriculum vitae and scholarly record due to specific contextual factors (e.g., administrative roles, non-academic employment). The decision to award points is at the discretion of the SOSA Committee.

|  |  |  |
| --- | --- | --- |
| I am re-engaging in scholarly activity | \_\_\_\_\_Yes | \_\_\_\_\_No |
| Provide:1. a brief rationale for why points for re-engagement in scholarly activity should be awarded; and
2. a brief explanation of the importance of this SOSA award at this point in your career.
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**Signature of Chairperson/Dean:**

*I have been informed of the applicant’s intention to apply to have SOSA alternate assignment included within his/her workload. I have discussed with the applicant the use of facilities, support staff, and any other College resources essential to the execution of his/her proposed activities.* (A signature indicates that the Dean or Department Chair is aware of the applicant’s intention to apply for a SOSA award.)There is no expectation that Deans or Chairpersons will read or review SOSA applications.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please use the checklist below to ensure that your application is complete and correctly formatted (e.g., font size, margins). Applicants will NOT be permitted to make changes or additions to an application once it has been submitted to Academic Affairs.

\_\_\_Cover Form completed, signed, scanned, submitted as a pdf to sosa@tcnj.edu using email attachment

\_\_\_Proposal Narrative provided

\_\_\_Annotated curriculum vitae provided

\_\_\_Final Reports for SOSA provided

\_\_\_Application formatted correctly

\_\_\_Department Chairperson or Dean signature obtained

\_\_\_Application as pdf submitted to sosa@tcnj.edu using email attachment

*My signature confirms that I have submitted all of the required components of the SOSA application. I understand that if the above requirements have not been met, the application will not be reviewed.*

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_