



University of South Carolina Faculty/Staff Award Authorization

Name of Award: _____

Department or Organization Sponsoring Award: _____

Award Administrator: _____ Telephone No.: _____

Purpose of Award

Criteria for Selection

Method of Selection (committee, student evaluations, etc.)

Amount of Award (if monetary): _____

Description of Award (if non-monetary): _____

Date Award Established: _____ Time of Year Awarded: _____

Source of Funds: _____

Signatures:

Award Administrator: _____ Date: _____

Vice President for HR: _____ Date: _____

Secretary of the Board of Trustees: _____ Date: _____

(Sign original in blue ink)