

Nomination Form for Emeritus/Emerita Status

Campus _____

Name of Faculty Member _____

Department/College _____

Academic Rank/Title _____

Date of Retirement _____

Status Preference: Emeritus Emerita

Approvals:

1. College dean's approval and request for transmittal to the Board of Trustees

(Signature)

(Date)

2. University Faculty Senate President's approval and request for transmittal to the Board of Trustees

(Signature)

(Date)

3. Provost's approval and request for transmittal to the Board of Trustees

(Signature)

(Date)

4. President's approval and transmittal to The Board of Trustees

(Signature)

(Date)

Office of Human Resources: _____