REQUEST For FACULTY EMERITUS
or EMERITA STATUS

Name _____

Department _____ Rank at Retirement _____

Please state briefly the reasons why this faculty member merits the status, upon retirement, of Emeritus or Emerita (attach additional paper if necessary):

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Please submit this form, signed by the department chair, and with a recent curriculum vitae attached, to the Provost. It will be referred to the COP for advice.

Department Chair _____ Date _____

Provost _____ Date _____

Committee on Personnel _____ Date _____

President _____ Date _____