REQUEST For Retired Staff Affiliate Status

Name: _____

Department: _____ Rank at Retirement: _____

Please state **briefly** the reasons why this staff member merits the status, upon retirement, of Staff Affiliate (attach additional paper if necessary):

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Please submit this form, signed by the department chair to the Provost. It will be referred to the COP for advice.

Department Chair: _____ Date: _____

Provost: _____ Date: _____

Committee on Personnel: _____ Date: _____

President: _____ Date: _____