

Request for Review for Emeritus Title

Date: _____

I am requesting that the Department Faculty Review Advisory Committee consider my candidacy for emeritus during the next review period.

Name: _____

Department: _____

Current Rank: _____

Date of Retirement or Anticipated Retirement: _____

Mailing Address: _____

Signature: _____

I acknowledge receipt of this request for review, and verify that the faculty member listed above is eligible to apply for Emeritus status:

Department Chair sign and date

Dean sign and date

Applications must be filed with the Department Chair no later than January 15th of the year in which the applicant wishes to be considered for review for emeritus. **The request form will then be forwarded to the Office of the Provost and Vice President for Academic Affairs through the Dean's office by January 31st.**