



**EASTERN MICHIGAN UNIVERSITY**  
**Division of Academic Affairs**

**EMERITUS FACULTY STATUS RECOMMENDATION**

The Department of \_\_\_\_\_ recommends the awarding of **Emeritus Faculty Status** for the following retiring/retired faculty member:

Name of Faculty Member: \_\_\_\_\_

Current Status/Rank at EMU: \_\_\_\_\_

Date of Hire at EMU: \_\_\_\_\_ Retirement Date: \_\_\_\_\_

Number of Years at EMU: \_\_\_\_\_ (Minimum of 15 years of service required)

Please complete the following information on the retiring faculty member for whom you are submitting this recommendation. This information is needed for inclusion in the EMU Faculty/Staff/Student Directory.

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: (\_\_\_\_) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Degree(s)/Institutions/Year: Baccalaureate: \_\_\_\_\_

Masters: \_\_\_\_\_

Doctoral: \_\_\_\_\_

Please Attach a Brief Statement of Support to this Form

Emeritus Faculty status is contingent upon the approval of the Board of Regents. The above information will be kept on file in the Provost's Office.

\_\_\_\_\_  
Recommended by (please print) Date

\_\_\_\_\_  
Department Head Date

\_\_\_\_\_  
Dean Date

\_\_\_\_\_  
Provost Date

\_\_\_\_\_  
Date Submitted to Board of Regents

Please forward this completed form to: **Nicki Banush**  
Academic Affairs, 106 Welch Hall