

EASTERN MICHIGAN UNIVERSITY

Academic and Student Affairs

EMERITUS FACULTY STATUS RECOMMENDATION

| The Department or School of Emeritus Faculty Status for | of or the following retiring | recommends the recircular recommends the recircular recommends the recircular recommends the recommend the reco | he awarding of |
|---|---------------------------------|--|----------------|
| Name of Faculty Member: | | | |
| Current Status/Rank at EMU | IJ: | | |
| Date of Hire at EMU: | | Retirement Date: | |
| Number of Years at EMU: | (Mini | mum of 15 years of service required) |) |
| Degree(s)/Institutions | Doctoral: | | |
| | Masters: | | |
| | Baccalaureate | | |
| | ter their official retiremen | of the Board of Regents. Candidates t date. This information will be kept | |
| recommended by (prease | print) Date | | |
| Department Head | Date | Dean | Date |
| Provost | Date | Date Submitted to Boar | rd of Regents |
| Please continue to page 2 of | f this application. | | |
| Updated: July 2019 | | | |

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Please complete the following information on the retiring/retired faculty member for whom you are submitting this recommendation. This information will NOT be shared in the Board of Regents meeting materials but is necessary for the retiree to receive his or her emeritus benefits.

| Name: | |
|---------------|-------------------|
| EID#: | |
| Home Address: | |
| Telephone: (|) E-Mail Address: |

Please forward this completed 2 page form to:

Provost Office Academic and Student Affairs 106 Welch Hall

Updated: July 2019