

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