



EASTERN MICHIGAN UNIVERSITY
Division of Academic and Student 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 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: **Debbie Clearwater**
Academic and Student Affairs, 106 Welch Hall