TRANSMITTAL FOR
EMERITUS/EMERITA STATUS REQUEST

Date: ____________________________

Name ________________________________

UIN: ______________________________________

Emeritus/Emerita Title: ________________________________

Retirement Date: ________________________________

Department 1: ________________________________

College 1: ________________________________

Department 2: ________________________________

College 2: ________________________________

JUSTIFICATION: Please attach a short letter (1-2 paragraphs) with rationale for the appointment of emeritus/emerita.

APPROVALS:

Department 1: ________________________________ Date: ________________

Typewritten Name: ________________ Signature: ________________________________

College 1: ________________________________ Date: ________________

Typewritten Name: ________________ Signature: ________________________________

Department 2: ________________________________ Date: ________________

Typewritten Name: ________________ Signature: ________________________________

College 2: ________________________________ Date: ________________

Typewritten Name: ________________ Signature: ________________________________

Provost Approval: ________________________________ Date: ________________

Provost or Designee