

**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/emmerita.*

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