



FPP 1000-K

EMERITUS/EMERITA STATUS REQUEST FORM

Date: _____

Name: _____

UIN: _____ Retirement Date: _____

Emeritus/Emerita Title: _____

Department 1: _____

College 1: _____

Department 2: _____

College 2: _____

JUSTIFICATION: *Please attach the candidate's CV and a letter from the Department Head. (Packet should be unstapled).*

APPROVALS:

College 1

Dept/Unit Head: _____ Date: _____

Dean*: _____ Date: _____

College 2

Dept/Unit Head: _____ Date: _____

Dean*: _____ Date: _____

Campus

Provost Approval: _____ Date: _____
(Provost or Designee)

*The Dean's signature acknowledges the review of this Emeritus/Emerita request by a college committee.

Please deliver all materials to the Office of Faculty Affairs (2715 UH, MC -103)