

EMERITUS STATUS REQUEST

FACULTY INFORMATION

Name: _____ U-Number: _____
First Middle Last (ex: U00123456)

Faculty member's Current Rank: _____

College/School: _____ Department: _____

If approved, Emeritus status will take effect at the end of: _____
(SEMESTER) (YEAR)

RECOMMEND APPROVAL

_____	RECOMMENDED
Chair Signature	<input type="checkbox"/> YES

Dean Signature	<input type="checkbox"/> YES

	Date (MM/DD/YYYY)

Submit the following documents to provost@memphis.edu

- Completed/signed **Emeritus Status Request** form
- Recommendation memo for Emeritus Status, signed by dean
- Faculty CV

APPROVAL – to be completed by Provost's Office

_____	APPROVED
Provost Signature	<input type="checkbox"/> YES

	Date (MM/DD/YYYY)

Emeritus Status will become effective at the end of _____ (semester/year) .

Data updated in system: _____
Date (MM/DD/YYYY)