



FACULTY INFORMATION

Name: _____
First Middle Last

U-Number: _____
(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

Chair Signature

Date (MM/DD/YYYY)

RECOMMENDED
☐ YES

Dean Signature

Date (MM/DD/YYYY)

☐ YES

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

Provost Signature

Date (MM/DD/YYYY)

APPROVED

☐ YES

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

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