THE UNIVERSITY OF MEMPHIS

EMERITUS STATUS REQUEST

FACULTY INFORMATION

Name: _____ Oracle Person #: _____
First Middle Last

Faculty member's Current Rank: _____

College/School: _____ Department: _____

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

RECOMMENDED APPROVAL — to be completed by College/School

RECOMMENDED ◯ YES ◯ NO

_____ _____
Chair Signature Date (MM/DD/YYYY)

RECOMMENDED ◯ YES ◯ NO

_____ _____
Dean Signature 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 ☐ YES ☐ NO

_____ _____
Provost Signature Date (MM/DD/YYYY)

Emeritus Status will take effect at the end of: _____ _____
(SEMESTER) (YEAR)

DATA ENTERED IN ORACLE – to be completed by Human Resources

_____ _____
Entered by: Date (MM/DD/YYYY)