

FACULTY INFORMATION

Name: _____ Person Number: _____
First Middle Last

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	Date (MM/DD/YYYY)	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> 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
Provost Signature	Date (MM/DD/YYYY)	YES NO

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

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