

FACULTY INFORMATION

NAME: _____ **U-NUMBER:** _____
FIRST MIDDLE LAST U00123456

COLLEGE/SCHOOL: _____

DEPARTMENT: _____

EMERITUS STATUS TO TAKE EFFECT AT THE END OF: _____
(SEMESTER) (YEAR)

RECOMMENDATION MEMO & CV REQUIRED

Please submit the recommendation memo and CV for emeritus status, along with this form, to provost@memphis.edu

RECOMMEND APPROVAL

		RECOMMENDED
_____ CHAIR SIGNATURE	_____ DATE (MM/DD/YYYY)	<input type="checkbox"/> YES
_____ DEAN SIGNATURE	_____ DATE (MM/DD/YYYY)	<input type="checkbox"/> YES

APPROVAL

		APPROVED
_____ PROVOST SIGNATURE	_____ DATE (MM/DD/YYYY)	<input type="checkbox"/> YES