



Emeritus/a Nomination Form (per SP 06-16)

Nominee's Name: _____

Program: _____

Nominee's Home Address: _____

City, State, Zip: _____

Nominee's CI Email Address: _____

NOMINATION FROM ACADEMIC PROGRAM:

(minimum one paragraph, no more than one page—attach additional sheet, if necessary)

Chair of
Nominating Program: _____ Date: _____

Dean of School: _____ Date: _____

Provost: _____ Date: _____

PLEASE SUBMIT COMPLETED FORM TO FACULTY AFFAIRS