

Request for Emeritus Status *(To be completed by TIU)*

Full Name _____ Employee ID _____

Home Address _____ Start date w/ university _____

Date of Birth _____ Retirement Date _____

TIU Name _____ College _____

Professor Associate Professor Tenure-track Clinical Research

The TIU is requesting emeritus status for this faculty member because *(Attach additional pages only if needed.) ...*

Approval

TIU Head, date

College dean, date

Office of Academic Affairs, date

Anticipated date of Board of Trustees action

This form must be accompanied by the faculty member's **signed letter of retirement.**