



OHIO
UNIVERSITY

Emeritus/Emerita Nomination Form
- Administrators -

Name: _____

Employee ID #: _____

Office/Department: _____

College: _____
(if applicable)

Campus: _____

Years at Ohio University: _____

Emeritus/Emerita Title Requested:

Highest Earned Degree: _____

Date Degree Awarded: _____

Current Home Mailing Address:

Street: _____

City: _____ State: _____ Zip: _____

The person named above is herewith reviewed for Emeritus/Emerita status:

Administrator Name
(please print/type)

Recommended

NOT Recommended

Unit/Department Head

Signature

Signature

Date

Vice President/Dean

Signature

Signature

Date

Executive VP and Provost

Signature

Signature

Date

Roderick McDavis
President

Signature

Signature

Date

