



Emeritus/Emerita Nomination Form - Administrators -

Name: _____

Date: _____

Unit/Department: _____

College: _____
(if applicable)

Title: _____

Years at Ohio University: _____

Highest Degree: _____

Date Degree Awarded: _____

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

Exec. Dean of Regional Campuses

Signature

Signature

Date

Executive VP and Provost

Signature

Signature

Date

President

Signature

Signature

Date