



OHIO
UNIVERSITY

Emeritus/Emerita Nomination Form
- Faculty -

Name: _____

Employee ID #: _____

Office/Department: _____

College: _____

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

Committee Chair

Signature

Signature

Date

Department Chair/School Director

Signature

Signature

Date

Dean

Signature

Signature

Date

Executive VP and Provost

Signature

Signature

Date

Roderick McDavis
President

Signature

Signature

Date