



## Emeritus/Emerita Nomination Form - Faculty -

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Dept./School: \_\_\_\_\_

College: \_\_\_\_\_

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

\_\_\_\_\_  
Committee Chair

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair/School Director

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Exec. Dean of Regional Campuses

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive VP and Provost

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
President

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date