

Shippensburg University
Professor/Administrator Emeritus Status Nomination Form

The Department of _____ in the Division of _____ recommends the awarding of Professor/Administrator Emeritus status for the following retiring/retired individual:

Nominee's Name _____

Indicate the Recommended Status: ___ Emeritus Professor ___ Emeritus Administrator

Rank/Title at Time of Retirement _____

Date of Hire at SU _____ Date of Retirement from SU _____

Degree(s)/Institution/Year: Baccalaureate _____

Master's _____

Doctoral _____

Please complete the following information on the nominee, for inclusion in the SU Faculty/Staff/Student Directory.

Home Address _____

Home Telephone _____ Email Address _____

Name of Nominee's Spouse/Significant Other/Partner (Optional) _____

Nominator Should Please Attach a Brief Statement of Support to this Form

Recommended by: _____
print signature date

Department Chair: _____
print signature date

Dean: _____
print signature date

Vice President: _____
print signature date

Please forward the completed form with all of the approval signatures
to the President's Office, Old Main 309.

Professor/Administrator Emeritus status is contingent upon approval of the President of SU.