



Request for Appointment to Faculty Emeritus Status

Name of Faculty Member: _____

Department: _____

Academic Rank: _____

Date of Retirement: _____

Years of Full-time Service to Limestone University: _____

1. Provost Approval, Verification of Eligibility, and Request for Transmittal to the President.

_____ Date: _____

(Signature)

2. Approval of President and Request for Transmittal to Instruction, Academic Policy & Enrollment Services Committee of the Board of Trustees.

_____ Date: _____

(Signature of President)

3. Approval of Instruction, Academic Policy & Enrollment Services Committee and Request for Transmittal to full Board of Trustees.

_____ Date: _____

(Signature of Committee Chair)

4. Approval by Board of Trustees.

_____ Date: _____

(Signature of Chair of Board of Trustees)