

## **Request for Faculty Emeritus Status**

lame Katheryn East	Department Educationa	I Psych & Foundations	_ UID <u>2 5 8 8 6 9</u>	
wish to retire from my position as	Associate Professor			
t the University of Northern Iowa, e	effective June 30			
have twenty (20) or more years of JNI	credible service in higher educa		tes of employment) 2001, 2003-2016 Ed Psy	
Institution			Date	
Institution		Date		
Institution East			Date 2/26/Le	
Signature of Ap	pplicant	, C	Date	
<b>College Chair Senate:</b> Include a since University of Northern Iowa. (Us			as been concluded with	
College Senate Chair		Date		
Approved and Accepted Boody		2-29-16		
Department Head		3-9-16	Date Ø	
Dean of College (if applicable)		[	Date .	
University Faculty Senate Chair			Date	
Provost and Vice President		[	Date	
President		, ex	Date	

Please prepare this form: sign and submit to your department head. When the process for approval has been completed, the division head's office will make copies and distribute them to each of the above signatories and the Department of Human Resource Services.

Revised 11/2012