

## **Human Resource Services**



## **Request for Faculty Emeritus Status**

Name Jay Edelnant	Department Theatre	UID 4 0 5 8 1 5
I wish to retire from my position	n as Professor of Theatre	
at the University of Northern Io	wa, effective May, 2017	
I have twenty (20) or more yea University of Northern Iowa	rs of credible service in higher education. (Lis	st institutions and dates of employment) Fall, 1971-Spring, 2017
Institu	tion	Date
Institu	tion	Date
Oa Earl	ran	10/25/2016
Signature to Dr	of Applicant. Lange, Head of Theatre	Dr. Edeland Dates at least meritorious service has been concluded with required.)
College Chair Senate: Include the University of Northern lower	e a statement verifying that ten (10) years of a. (Use the back of this form if more space is	meritorious service has been concluded with required.)
John Ch		11/28/16
College Se	nate Chair	Date
Approved and Accepted Kin Lange		11/4/16
Depart	ment Nead	(1-6-16
Dean of Co	ollege (if applicable)	Date
University Faculty Senate Chair		Date
Provost and Vice President		Date
President		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