

Request for Faculty Emeritus Status

Name Ron Abraham I wish to retire from my position as Assistant Professor of Accord		Accounting	
have twenty (20) or more years of c	redible service in higher edu	cation. (List institutions an	d dates of employment)
NI		August 15, 1974	
Institution			Date
Institution			Date
An Al Institution	~	4/5/1	Date (
Signature of Applicant			Date

College Senate Chair

Approved and Accepted

Department Head 4

Dean of College (if applicable)

University Faculty Senate Chair

Provost and Vice President

President

04/08/11

Date

Date 8/22/11

Date

Date

Date

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.

Rev. 09/09

BENEFITS