

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