

## **Request for Faculty Emeritus Status**

Name <u>James G. Hanso</u> N	Department Social Work	UID 4 0 5 9	4 8
I wish to retire from my position as	Associate Professor		
at the University of Northern Iowa,	effective June 30, 2018		
	credible service in higher education	. (List institutions and dates of employment)	
University of Northern Iowa		August 1990 - June 2018	
Institution		Date	
Minot State University		September 1989 - May 1989	
Institution		Date	
Institution	/	Date	
- Juns El	( zu	April 26, 2018	
Signature of A	oplicant	Date	
College Chair Senate: Include a s the University of Northern Iowa. (Us	tatement verifying that ten (10) years se the back of this form if more spac	s of meritorious service has been concluded we is required.)	ith
_ 000		6/15/18	
College Senate Chair		/ h	
Approved and Accepted		*	
Cyfr		4/26/18	
Department	Head	Date	
Brenda & Bas	2	4-30-18	
Dean of College	(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