

Request for Faculty Emeritus Status

Name Michael Janapoulos	Department Languages & Litera
I wish to retire from my position as Associate	Professor J
at the University of Northern Iowa, effective June 29,2	012-
I have twenty (20) or more years of credible service in higher education SEMO State Univ. Institution	Date Date Date
Institution Am applicant Signature of Applicant	06/29/2012 Date
College Chair Senate: Include a statement verifying that ten (10) the University of Northern Iowa. (Use the back of this form if more College Senate Chair	9/10/2012
Approved and Accepted	Date
Department Head July Luch	9/17/12 Date
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.

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