

Request for Faculty Emeritus Status

Name Julie C. Lowell	Department Soc Anh Crin
I wish to retire from my position as Associate Ru	Sessor
at the University of Northern Iowa, effective Tune 29,	2012
I have twenty (20) or more years of credible service in higher education to the service in higher education and the service in higher education to the service in higher education and the service in higher educa	ation. (List institutions and dates of employment) Fall 1987 to Present Date (25 years
Institution	Date
Institution Lovell	Date Date
Signature of Applicant	Date
College Chair Senate: Include a statement verifying that ten (10) y he University of Northern Iowa. (Use the back of this form if more s	ears of meritorious service has been concluded with pace is required.) 4/26/17
College Senate Chair	Date
Approved and Accepted	4/30/12
Department Head **Breuda & Bass	Date 5/1/12
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.

