



Request for Faculty Emeritus Status

Name Bruce Plakke Department Communication Sciences and Disorders UID 4 0 6 0 5 8

I wish to retire from my position as Associate Professor
at the University of Northern Iowa, effective May 8, 2015.

I have twenty (20) or more years of credible service in higher education. (List institutions and dates of employment)

UNI	Date
<u>8/78-5/15</u>	
Institution	Date
Institution	Date
<u><i>Bruce Plakke</i></u>	<u>10/27/14</u>
Signature of Applicant	Date

College Chair Senate: Include a statement verifying that ten (10) years of meritorious service has been concluded with the University of Northern Iowa. (Use the back of this form if more space is required.)

[Signature] College Senate Chair 05/05/2015 Date

Approved and Accepted

Cal Hagan Department Head 12/15/14 Date

[Signature] Dean of College (if applicable) 1-23-15 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