

Request for Faculty Emeritus Status

Name William Callahan Department Spec	iel Eduration UID 40548
I wish to retire from my position as	and Mend
at the University of Northern Iowa, effective May 11, 2016	<u>. </u>
I have twenty (20) or more years of credible service in higher educat	ion. (List institutions and dates of employment)
Institution	Date
Institution	Date
UP Call al Can	Date 4 - 29 - 16
Signature of Applicant	/ Date
College Chair Senate: Include a statement verifying that ten (10) ye the University of Northern Iowa (Use the back of this form if more specific than the College Senate Chair	
•	Date
Approved and Accepted SWSYM OS CUCTO I	5718116
Victoria L. Kohnson by foget that	5/23/2016
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