

Human Resource Services



Request for Faculty Emeritus Status

Name M. Susan Wurtz	Department Management	UID 4 0 8 9 2 9
I wish to retire from my position as	Associate Professor	
at the University of Northern Iowa, ef	fective June 30, 2018	
I have twenty (20) or more years of on The University of Northern Iowa	redible service in higher education. (List in Aug	nstitutions and dates of employment) ust 1985-June 2018
Institution		Date
Institution		Date
M Suan a fart	_	3-22-18
Signature of App	olicant	Date
College Chair Senate: Include a state the University of Northern Iowa. (Use	tement verifying that ten (10) years of mer the back of this form if more space is req (Merriport) Augusta	itorious service has been concluded with uired.) Statement Attacked) 3/26/2018
College Senate C	hair	Date
Approved and Accepted		
Mary Emely		1/22/18
July Y. W.Ls		5/28/18 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.

Revised 11/2012