## Commonwealth University Emeritus Status Request Form

In accordance with *Policy on Emeritus Status - Policy 02-100,* please complete this form and include it with submission materials as outlined in the *Procedure for Nominating and Granting Emeritus Status.* 

EMERITUS TYPE:	FACULTY	ATHLETIC COACH	NON	INSTRUCTIONAL	MANAGER/ADMINISTRATOR
Emeriti Candid	late (print)				
Title/Position					
Department					
Hire Date				Retirement Date	
Nominator (pri	int)				
Nominator Sign	nature:			DATE:	
Dean/AVP/Dire	ector Name (p	rint)			
Dean/AVP/Dire	ector Signatur	e:			DATE:
My signature reflect	s my endorsement	of this request.			
Vice President	Name (print)				
Vice President	Signature:				DATE:
My signature reflect	s my endorsement	of this request.			
Comments:					