

Emeritus Status Approval Form

In accordance with [Academic Personnel Manual 120, Emerita/Emeritus](#), Chancellor's approval is needed to confer the title of emeritus to Academic Senate members in the following series: Lecturer with Security of Employment, Professor of Clinical X, and Professor In Residence.

NAME (Last, First, Middle):	TITLE AT TIME OF RETIREMENT:	RETIREMENT DATE:
DEPARTMENT:	SCHOOL:	

ACKNOWLEDGEMENT AND SIGNATURE

Dean	Print Name	Date
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Department Chair	Print Name	Date
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Vice Provost	Print Name	Date
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Provost and Executive Vice Chancellor	Print Name	Date
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APPROVAL

I approve and confer the title of emerita/emmeritus to _____.
Name of Faculty

Chancellor's Signature	Print Name	Date
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FOR AP USE ONLY:

Attach Conferral of Emeritus status of Academic Senate members other than Associate Professors and Professors memo.