**Nomination for Professor Emeritus – Spring 2019**

**NOTE**: Prior to completing this form, please review the current policy and procedure on Emeritus Appointments,  
UT Arlington Handbook of Operating Procedures ADM 6-201 (<https://www.uta.edu/policy/hop/adm/6/201>).

*To complete this form, place the cursor in the appropriate box and type the requested information.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |  | | | | | | | | |  |
|  | *given name* | | | | | *middle name or initial (optional)* | | | | | | | | | *family name* |
| (Important: The name given above will **appear on all emeritus documents**, **including the citation.**) | | | | | | | | | | | | | | | |
| Highest academic rank earned at UT Arlington: *(Choose one by entering an “x” into the appropriate box.)* | | | | | | | |  | | | Professor | | | | |
|  | | | Associate Professor | | | | |
|  | | | | | | | |  | | | | | | | |
| Any additional titles held by the nominee (endowed positions, “Distinguished Teaching Professor,” etc.) | | | | | | | |  | | | | | | | |
|  | | | | | | |  | | | | | | | | |
| College of / School of: | | |  | | | | | | | | | | | | |
| Department of / Program in: | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| Year of initial employment / appointment at UT Arlington: | | | | | | | | |  | | |  | | | |
| Number of years of full-time service at UT Arlington: | | | | | | | | |  | | |  | | | |
|  | | | | | | | | | | | | | | | |
| As of today’s date, has the nominee already retired from UT Arlington? | |  | | Yes. 🡪 The final day of employment was: | | | | | | | | | |  | |
|  | | No. 🡪 The final day of employment will be: | | | | | | | | | |  | |
| *Per the HOP, those nominated for emeritus status must be retired out of their tenure-track position by September 1 of this year.* | | | | | | | | | | | | | | | |
|  | | | | | | |  | | |  | | |  | | |
| Nominee’s current e-mail address: | | | | |  | | | | | | | | | | |
| Nominee’s mailing / contact address on or about August 15 of this year. | | | | |  | | | | | | | | | | |

**Attachments.** This cover sheet must be accompanied by:

* a two to three page statement in which the nominating party presents evidence that the candidate's service to the University has been "distinguished" and "honorable”
* two or three letters of nomination written by tenured UT Arlington faculty members and
* a copy of the nominee’s most current complete CV.

Submit to the department chair of the nominee’s academic unit. The chair shall then forward materials to the appropriate committee per HOP ADM 6-201 (<https://www.uta.edu/policy/hop/adm/6/201>).

The dean of the nominee should deliver all materials on a **USB flash drive** to Bill Carroll, Chair, Faculty Senate**, ADDRESS HERE**

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**Due Date: March 22, 2019**

**Nomination for Professor Emeritus  
Record of Recommendations**

|  |  |  |  |
| --- | --- | --- | --- |
| Emeritus Nominee: |  |  |  |
|  | *given name* | *middle name or initial (optional)* | *family name* |

At each level, the committee or individual reviewing the materials should provide:

1. A written statement (on a separate page) and
2. A recording of the recommended action using the appropriate place below.

Begin at the bottom of this page and route the materials upward.

**Dean’s Recommendation**(circle one)

|  |  |  |
| --- | --- | --- |
| *Recommend* | *Recommend with Reservations* | *Not Recommended* |

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*Signature, Dean Date*

**Department Chair’s Recommendation**(colleges only; circle one)

|  |  |  |
| --- | --- | --- |
| *Recommend* | *Recommend with Reservations* | *Not Recommended* |

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*Signature, Department Chair Date*

**Departmental or School P/T Committee (ACTP) Consensus**

|  |  |  |  |
| --- | --- | --- | --- |
| Having reviewed the materials presented, the committee’s consensus on the matter of granting this candidate an emeritus appointment is: *(circle only one; do not record votes)* | *Recommend* | *Recommend with Reservations* | *Not Recommended* |

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*Signature, Chair, Departmental Committee Date*

Upon completing this form, the Dean of School or College should forward all materials on a **USB flash drive** to Dr. David Coursey, Chair, Faculty Senate, Box 19108, CAPPA Building Suite 203. It is strongly suggested that materials be hand-delivered materials to the college receptionist (CAPPA 203).