California State University, Dominguez Hills

Request for Emeritus Faculty Status

Before competing this request, please carefully read PM2014-02

Summary of Policy for Emeritus Faculty Status

Criteria – Retirement as full-time, tenured or lecturer faculty member with a minimum of (10) years of service at the University; distinguished performance in one or more of the traditional areas of performance evaluation; and favorable recommendation from faculty of retiree's department.

Benefits for Emeritus Faculty – In addition to all benefits and privileges accorded University retirees; emeritus identification card; listing in University Catalog and campus directory; participation in department meetings and affairs, as appropriate; service as members of graduate thesis or project committees; office space, administrative support and University resources, subject to availability; access to computer services and campus rooms and facilities for meetings and reunions; free use of athletic facilities, as available to regular faculty; free receipt of University publications, upon request; free or discount fees for all campus cultural and athletic events; and free lifetime campus parking pass.

Instructions: Please provide all requested information. Append a current curriculum vita or resume. After completion, submit materials to the department chair for the department faculty's endorsement.

Name: _____
First M.I. Last

Department: _____

Rank: _____

Academic Year in which Tenure was Awarded: _____

Employed full-time at CSUDH since: _____
MM/DD/YYYY

Retirement Date: _____
MM/DD/YYYY

Summary – Significant Honors/Awards/Distinctions and Year in which Received, e.g., CSUDH Outstanding Professor Award, Lyle E. Gibson Distinguished Teacher Award, honorary degree (s):

_____
Signature

_____
Date

_____
Street Address

City, State, Zip

_____
Telephone No. (Specify whether home or cell.)

_____
E-mail Address

California State University, Dominguez Hills

Requested by: _____
First M.I. Last

Recommendations and Decision

Department

☐ Department faculty recommend award of emeritus faculty status.

☐ Department faculty do not recommend award of emeritus faculty status.

**Signature attests to department faculty's recommendation*

Department Chair Signature	**Name**	**Date**

University Leaves and Honors Committee

Only in the absence of a recommendation from the department faculty:

☐ Leaves and Honors Committee recommends award of emeritus faculty status.

☐ Leaves and Honors Committee does not recommend award of emeritus faculty status.

**Signature attests to department faculty's recommendation*

Committee Chair Signature	**Name**	**Date**

College Dean

☐ Dean recommends awarding emeritus faculty status.

☐ Dean does not recommend award of emeritus faculty status.

**Signature attests to department faculty's recommendation*

College Dean Signature	**Name**	**Date**

Provost Recommendation

☐ Provost recommends awarding emeritus faculty status.

☐ Provost does not recommend award of emeritus faculty status.

Provost/VP of Academic Affairs Signature	**Name**	**Date**

Presidential Decision

☐ President awards emeritus faculty status.

☐ President does not award faculty status.

President/Designee Signature	**Name**	**Date**