



Emeritus/Emerita Recommendation Form

Please complete this form and include with each recommendation.

Title:

Full Name:

Current Home Address:

Department:

Department Head:

Last held title:

Emeritus/Emerit Honorary Title:

Years of Service:

Retire date:

MSU ID#:

Person completing this form and contact information:

*Please refer to AOP 13.01 for the procedures on submitting a recommendation.