BOARD OF REGENTS OF THE
UNIVERSITY SYSTEM OF GEORGIA

RECOMMENDATION FOR AWARD OF EMERITUS STATUS*

Name:_____
Prefix First M.I. Last

Social Security No.: _____

Date of Birth: _____

Date of Retirement: _____

Title at Time of Retirement: _____

Rank at Time of Retirement: _____

Recommended Emeritus Title(s): _____

Recommended Effective Date:_____

SERVICE TO THE INSTITUTION AND/OR
THE UNIVERSITY SYSTEM OF GEORGIA (include inclusive dates):

TITLE	OPERATIONAL AREA	DATES

EDUCATION:

DEGREE(S)	INSTITUTION(S)	DATES

* See Section 803.17 of *The Policy Manual* of the Board of Regents. Recommendation for appointment must be submitted by the President's Office to the Chancellor no later than 30 days prior to the effective date.

Approved:_____
President Date