# WESTERN CAROLINA UNIVERSITY AA-13

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| ***TRANSMITTAL FORM for RECOMMENDATION OF EMERITUS FACULTY*** |

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|  | ***DATE:*** ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | ***PAGE \_\_\_ OF*** |

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| 1 | ***Full Name*** | ***Last*** | ***First*** | ***Middle*** | ***Department*** |

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| 2 | ***Proposed Rank*** |  |

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| 3 | ***Present Rank*** |  | ***Year*** |

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| 4 | ***Previous WCU Rank(s)*** |  | ***Year*** |
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| 5 | ***Academic Record (Institutions attended)*** | | | | |
| ***Degree*** | | ***Year*** | ***Institution*** | ***Years Attended*** |
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| 6 | | I acknowledge that the candidate has prepared and submitted the Application on schedule.    Department Head Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ date \_\_\_\_\_\_\_\_\_\_\_\_\_  **\_** | | | |

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| 7 | ***Departmental Committee Vote:*** | ***Yes*** | ***No*** | ***Absent*** | ***Abstain*** | ***Recommended by departmental committee:*** | ***Yes*** | ***No*** |

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|  | *Department Committee Comments (optional):*  *Departmental Committee Secretary’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_* | |
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| 8 | ***Recommendation of Department Head*** | ***yes no*** |
|  | ***Department head Comments (optional):***    ***Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_*** | |
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| 9 | ***Recommendation of College committee:*** | ***yes no*** | | | | | |
|  | ***College Committee Comments (optional):***  ***College Committee Secretary’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_*** | | | | | | |
|  |  | |  |  |  |  |  |
| 10 | ***Recommendation of Dean:*** | | ***yes no*** | | | | |
|  | ***Dean’s Comments (optional):***    ***Dean’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_*** | | | | | | |
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| 11 | ***Recommendation of University committee:*** | | ***yes no*** | | |
|  | ***University Committee Comments (optional):***  ***Office of the Provost Administrative Assistant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_*** | | | | |
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| 12 | ***Recommendation of Provost:*** | ***yes no*** | | | |
|  | ***Provost’s Comments (optional):***  ***Provost’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_*** | | | | |

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| 13 | ***Recommendation of chancellor*** | yes  no | ***OoP Administrative Assistant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_*** |

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| 14 | ***Board of Trustees Decision*** | yes  no | ***OoP Administrative Assistant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_***  ***(letter is sent from the chancellor)*** |