# 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: \_\_\_\_\_\_\_\_\_\_*** |
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| 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)*** |