

**Appendix L**  
**Professor Emeritus Nomination Form**

(Date)

From: Director, (Name or College or School)

To: Vice President for Academic Affairs

Encl: (1) Curriculum Vitae

1. The individual named below is nominated for the title of Professor Emeritus at Marine Corps University:

a. Name of Nominee: (Full Name)

b. Date Employed by MCU: (Day, Month, Year)

c. Date of Retirement from MCU: (Day, Month, Year)

d. Professorial Status at Retirement: (Full or Associate Professor)

a. Total Years of Service at MCU: (If a waiver is requested, attach justification)

2. Statement of Support:

*(Why is this individual unique? Summarize how nominee meets the criteria as outlined in paragraph 3 of this regulation. Use additional page, if necessary.)*

*(Signature)*

*(Initials and Last Name)*