

**FACULTY SENATE  
JACKSONVILLE STATE UNIVERSITY**

**MEMORANDUM**

TO: All Faculty and Administrative Staff

FROM: Dr. Betty Morris  
Faculty Honors Committee

SUBJECT: Nominations for Emeriti Faculty

DATE: September 23, 2009

The Faculty Senate seeks nominations of individuals for Emeriti status from the academic faculty and/or administrative staff, currently retired, to be selected for recognition at the December 2009 Commencement. Nominees must have been members of the faculty or members of the administrative staff, in the service of the University for ten or more years, who have made outstanding contributions in teaching, research, or service.

Nominations for Emeriti Faculty are to be made to the Committee on Faculty Honors of the Faculty Senate. Nominations for administrative staff are to be made to Administrative Council. A further discussion of the procedures is found in the **Faculty Handbook, Section 2.1.6. Emeriti Faculty, and the Policies and Procedures Manual, II:02:06.**

**IF YOU WOULD LIKE TO NOMINATE SOMEONE PLEASE SEND:**

- A letter of recommendation explaining the individual's contribution to JSU
- A brief curriculum vitae and other appropriate supporting documentation

**THE LETTER OF RECOMMENDATION AND VITAE MAY BE SUPPLEMENTED WITH THE FOLLOWING DOCUMENTS:**

- Letters of support from colleagues and alumni, and/or
- Address and phone number of nominee so the individual can be notified of selection

**Nominations should be received by October 12, 2009 and should be addressed as follows:**

ACADEMIC FACULTY

Committee of Faculty Honors  
c/o Dr. Betty Morris  
Houston Cole Library

ADMINISTRATIVE STAFF

Administrative Council  
c/o Dr. Joe Delap  
AVPAA  
201 Bibb Graves Hall

## NOMINATION FORM FOR FACULTY EMERITI STATUS

Name of Person Making Nomination: \_\_\_\_\_

Department: \_\_\_\_\_ Phone: \_\_\_\_\_

### Information For Person Being Nominated

This information is used for listing faculty emeriti in the graduation program and the University Catalogue.

Name: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Current Phone Number \_\_\_\_\_

Date of Last Employment: \_\_\_\_\_ Rank: \_\_\_\_\_

Department/Office Last Employed: \_\_\_\_\_ Position: \_\_\_\_\_

### Degree Information:

Degree	Institution	Award Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please return by October 12, 2009 to:**

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