## **Request for Emeritus Office/Lab Assignment**

(To be completed by TIU)

| TIU                               |  |  |
|-----------------------------------|--|--|
| Full Name                         | Employee   | D  |
| Home Address                      | Retirement   | Date   |
| Professor Emeritus                | Associate Professor Emeritus                             | Clinical Faculty Emeritus                        |
| The TIU is requesting ass         | signed office lab for Professor Emer<br>based on the fol | itus<br>owing consideration(s)                   |
| □ Teaching                        | □ Research   | □ Advising                                       |
| Briefly describe the anticipation | ated scope and duration of the activity.                 | Please describe facilities need (hoteling space, |

| Approval      |      |  |
|---------------|------|--|
| TIU Head      | date |  |
| College Dean, | date |  |

office, lab, other). Attach an additional page if needed.

This form must be accompanied by the OAA Form 207- Request for Emeritus Status.