WINONA STATE UNIVERSITY
EMERITUS STATUS – NOMINATION FORM

The Department (Office) of ________________________________ recommends that
__________________________________________________________ be designated ________________________________ Emeritus
(Name of Retiree) (Professor for IFO, Position for ASF)
in accordance with WSU Regulation 5-1 and MnSCU Policy 4.8 and the following citations:

WHEREAS __________________________ served Winona State University from
(Name of Retiree)
__________________________ to ____________________________, and

WHEREAS,

WHEREAS,

WHEREAS,

WHEREAS,

WHEREAS,

(additional citations may be indicated on a separate sheet)

THEREFORE, by the authority vested in me by the Minnesota State College and University Board
(Professor for IFO, Position Title for ASF)
Emeritus at Winona State University on this ________________ Day of May, Two Thousand
and ____________________________.

President

Recommendation submitted by ______________________________ For the Department (or area) of
______________________________________________________________.