



Application for Emeritus Status

Please email form to Academic Senate Administrative Assistant: elizabeth.rivera@napavalley.edu

Applicant Information

Full Name: _____

Last

First

M.I.

Address: _____

Street Address

Apartment

City

State

ZIP Code

Phone: (_____) _____ E-mail _____

Preferred Academic Title _____

Eligibility Information

Retirement Status: Retired

Not Retired

Name of school from which you retired: _____

Years served as full-time instructor/professor at Napa Valley College: _____ to _____

Emeritus Benefits

Please indicate which of the Emeritus privileges you would like (check all that apply):

- Official document certifying emeritus status endorsed by the President of the Academic Senate.
- A business card (and, if appropriate, identification card) which indicates emeritus status.
- Listing with the faculty in all appropriate directories*
- Listing with the faculty in the college catalogue*
- Courtesy campus parking with a faculty sticker
- A faculty library card allowing full use of Library & Learning Resource Center
- Complimentary or reduced price admission to NVC performances and events, on the same basis as that provided to other faculty.
- The opportunity to visit classes, subject to the consent of the professor.
- Use of recreational and social facilities of the college, on the same basis as that provided to other faculty.

***Four (4) year limit, must reapply to continue**

I hereby authorize the Senate and its appointed committee on Emeritus Status to verify the above statements as it deems necessary and useful for its determinations, gather information as it deems needful and useful. I am acquainted with the rules and regulations governing the granting and holding of Emeritus Status at Napa Valley College.

Signature: _____ Date: _____

FACULTY BUSINESS COMMITTEE

FOR COMMITTEE USE ONLY:

Name of applicant: _____

Disposition: **Granted** **Not Granted** **Modified**

If granted:

Academic Title: _____

Effective as of: _____

Date of application: _____

Years served: _____

As of: _____

If not granted or modified: Reasons:

Signature: _____
Chair, Faculty Business Committee

Date: _____