UNIVERSITY OF KENT

**Emeritus Appointment Recommendation Form**

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| **Name of Individual Recommended** |  |
| **School and Division** |  |
| **Emeritus Designation (please tick)** |
| **Professor** |  | **Reader** |  | **Fellow** |  |

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| **Statement of Recommendation from Director of Division:** |

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| **For the individual being recommended for an Emeritus appointment, please sign below to confirm that you are at the end of your active professional duty and substantive role and are therefore standing down from an active academic career on a permanent basis and that any academic work that you may continue to do will be *de minimus* and not part of the pursuit of an active role profile in academia. Please see the Emeritus Guidance for further clarification.****Signed: Date:** |