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**REMOVAL FROM THE GRADUATE FACULTY**

**NAME:**

**ACADEMIC RANK: TODAY'S DATE:**

**COLLEGE / INDEPENDENT SCHOOL: DEPT / SCHOOL:**

**SEMESTER REMOVAL EFFECTIVE:**

***Please mark appropriate box.***

**FULL GRADUATE FACULTY MEMBER**

**ASSOCIATE GRADUATE FACULTY MEMBER**

**TEMPORARY ASSOCIATE MEMBER**

Retirement (Date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Left Kent State University (Date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Deceased (Date):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Date (Describe):

***Signatures:***

Approved by Chair/Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by Dean: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*\*AFTER SIGNATURE APPROVAL BY APPROPRIATE DEAN, PLEASE DISTRIBUTE AS FOLLOWS:\*\****

*Original: To be retained by appropriate College/Independent School’s Graduate Office*

*Send 1 Copy To: Division of Graduate Studies*

*Send 1 Copy To: Graduate Chair/Director*