Professor Emeritus Nomination Form Atlantic Cape Community College

Nominee:			
Nominator:		Date:	
Base Criteria:			
[] Nominee entered retired status with a minimum of ten years full-time service with Atlantic Cape.			
[] Nominee retired from Atlantic Cape with full professor rank.			
	[] Substantive, sustained achievement at Atlantic Cape in <u>teaching effectiveness</u> .		
Jo a	Explanation:		
ed line	[] Substantive, sustained achievement at Atlantic Cape in professional contributions .		
a detail	Explanation:		
rovide	[] Substantive, sustained achievement at Atlantic Cape in service to the College.		
Please pi	Explanation:		
ation.	[] Substantive, sustained achievement in service to the discipline.		
Check all that apply to your nomination. Please provide a detailed line of reasoning.	Explanation:		
to you	[] Substantive, sustained achievement in service to the community.	tive, sustained achievement in service to the community.	
at apply	Explanation:		
all th: ng.	[] Substantive, sustained achievement in <u>resource and/or program development.</u>		
Check all reasoning.	Explanation:		
Submit this completed form with an electronic signature to the dean of the academic department from which the nominee earned full professor rank (in the case of Nursing & Allied Health, submit to the assistant dean who will forward to the dean):			
Myrna Morales Keklak, Assistant Dean, Nursing & Health Sciences Dr. Denise Coulter, Dean, Liberal and Professional Studies Dr. Kalpana Jain, Dean, STEM Programs mkeklak@atlantic.edu dcoulter@atlantic.edu kjain@atlantic.edu			
Each dean will advise Dr. Josette Katz, Vice President, Academic Affairs, of nominations received and recommendations made prior to submittal to the Professor Emeritus Committee.			
Print Name: Department:			
Signature: Date:			
Office Use: Dean: Date Received: Recommended: Yes No Signature:			
	ate Received: Recommended: Yes No Signature:		
President: D	ate Received: Recommended: Yes No Signature:		