1. **NOMINEE DETAILS**

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| --- | --- |
| Name of nominee: |  |
| Current title: |  |
| Academic Unit: |  |
| Faculty: |  |
| Effective date of retirement: |  |
| Number of years’ service: |  |
| Proposed Emeritus designation: |  |

1. **REASON FOR NOMINATION**

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| Please explain below why you are nominating the above person for the title of Emeritus Professor/Fellow: |
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| Please provide a brief synopsis of the person’s career at Southampton including contribution to their discipline and the University more generally. Include outstanding achievements and awards, exceptional professional service and other noteworthy contributions. |
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| Please provide details of the association the individual will have with the University on retirement. |
|  |

1. **YOUR DETAILS**

|  |  |
| --- | --- |
| Nomination made by: |  |
| Faculty: |  |
| Email: |  |
| Date: |  |

1. **APPROVAL**

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| I confirm approval of the nomination as detailed above. |
| Name of Dean: |  |
| Signature of Dean: |  |
| Date: |  |

1. **RETURN TO**

Please submit the completed and signed nomination form, along with a copy of the individual’s up-to-date CV to Reward and Recognition in one of the following ways:

|  |  |
| --- | --- |
| Using HR Serviceline Online: | Reward@soton.ac.uk  |
| In person/by post: | Reward and Recognition, University of Southampton, Building 26, Room 2015, Highfield Campus. |