

NOMINATION FOR EMERITUS STATUS

Administration

West Kern Community College District

Nominee: _____

Department: _____ Date: _____

The following signatures indicate approval for the nominee listed above.
Application for Emeritus Status attached.

Superintendent/President

Date

President, Board of Trustees

Date

NOMINATION FOR EMERITUS STATUS

Classified

West Kern Community College District

Nominee: _____

Department: _____ Date: _____

The following signatures indicate approval for the nominee listed above.
Application for Emeritus Status attached.

_____ Classified President	_____ Date
_____ Vice President	_____ Date
_____ Superintendent/President	_____ Date
_____ President, Board of Trustees	_____ Date

NOMINATION FOR EMERITUS STATUS

Faculty

West Kern Community College District

Nominee: _____

Department: _____ Date: _____

The following signatures indicate approval for the nominee listed above.
Application for Emeritus Status attached.

Division Chair

Date

Academic Senate President

Date

Vice President

Date

Superintendent/President

Date

President, Board of Trustees

Date

NOMINATION FOR EMERITUS STATUS

Classified Management/Classified Confidential

West Kern Community College District

Nominee: _____

Department: _____ Date: _____

The following signatures indicate approval for the nominee listed above.
Application for Emeritus Status attached.

Vice President

Date

Superintendent/President

Date

President, Board of Trustees

Date