Date

Douglas Leaman, Ph.D.

Interim Provost

Wright State University

3640 Colonel Glenn Highway

Dayton, Ohio 45435-0001

Dear Dr. Leaman:

On (DATE), I will retire from Wright State University with # years of service as (RANK) of (DEPARTMENT) in the Boonshoft School of Medicine.

In accordance with the University’s policy regarding Emeritus faculty, please accept this letter as my request to be automatically granted the Emeritus title effective on the date of my retirement.

Sincerely,

NAME