

D. Agreement

By signing below, I agree that I am voluntarily retiring from my full-time position at The Johns Hopkins University on the date that I have indicated in this form. In addition to the benefits I am eligible for on retirement from The Johns Hopkins University, I am electing to be appointed to the faculty of The Academy at Johns Hopkins. My appointment to the Academy is subject to the terms and conditions spelled out in this Enrollment Form and on the Academy website. I agree that as a condition of receiving the benefits of membership in The Academy at Johns Hopkins, I will actively pursue a plan of research or scholarship, participate in the activities of the Academy, and report my activities annually to the governing board of the Academy.

Signature

Date

Please fill out this form and email it to KSASFacultyAffairs@jhu.edu, or fill out, print, and deliver it to the Dean's Office in Wyman Park Building.