

KSAS Enrollment Form for The Academy at Johns Hopkins

A. General

Name: _____

Mailing Address: _____

Office number/address: _____

Email: _____

Phone: _____

Title: _____

Academic Department: _____

B. Plans for Retirement

Have you signed a retirement agreement in the Dean's office? Yes No

If yes, what is the date of your retirement? _____

If no, what is your intended date of retirement? _____

Would like to set up an appointment to discuss your retirement? Yes No

C. Academy Participation

Academy Professors are required to continue a program of research or scholarship throughout their period of membership. Please describe the program you plan to undertake for the first three years of your participation.

By signing this Enrollment Form, you acknowledge that active participation in Academy activities and continued pursuit of a program of research or scholarship are conditions of membership.

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 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 complete this form and email it to KSASFacultyAffairs@jhu.edu, or fill it out, print it, and deliver it to the KSAS Dean's Office in the San Martin Center, Suite 200.



JOHNS HOPKINS
KRIEGER SCHOOL
of ARTS & SCIENCES