



# Adjunct Professor Recommendation for Appointment Form

## Applicant Information

Name: \_\_\_\_\_

Institutional Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Professional Qualifications: \_\_\_\_\_

## Appointment Information

Department/Faculty: \_\_\_\_\_ Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year

Length of Appointment:  
 Three-Year       Other (please specify) \_\_\_\_\_

## Criteria & Documentation Required

Criteria:

- Educational qualifications and academic experience appropriate for appointment as an academic staff member; i.e. PhD
- Post-secondary faculty or research appointment or will have a combination of qualifications and experience that allows them to contribute to research and teaching within the academic unit.

Documentation Required:

Current curriculum vitae

Letter of support from current employer

Recommendation from Dean/Director/Principal following **collegial consultation** with the ASMS in the unit. The recommendation should state the benefits of the appointment to the affairs of the academic unit

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
day month year

## Approvals

**Recommended**

Yes  No  \_\_\_\_\_  
Department Head      \_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year

Yes  No  \_\_\_\_\_  
Dean/Director/University Librarian/Principal      \_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year

Yes  No  \_\_\_\_\_  
Vice-President (Academic)      \_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year