



# Application for Honorary Research Professor Appointment

## Applicant Information

Name:	Department/Faculty:
Position at time of retirement:	Date of retirement: ____/____/____ day month year

## Description of Research

Please provide a description of the proposed research.

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## Research Funding

Funding Agency:

Granting Council (Identify): \_\_\_\_\_

Research Contract/Grant (Identify): \_\_\_\_\_

Other Funds (specify): \_\_\_\_\_

Length of research grant/contract: _____ years.	Date awarded: ____/____/____ day month Year
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State University resources required to conduct research program.

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Length of appointment requested: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
day month year day month year

## Applicant Criteria and Documentation

Criteria:

- Retired Faculty Member
- Funded research or pursuing funded research (PLEASE ATTACH COPY OF RESEARCH PROPOSAL)

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

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

## Approvals

### Recommended

Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ Department Head	_____ day month year
Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ Dean/Director/University Librarian/Principal	_____ day month year
Yes <input type="checkbox"/> No <input type="checkbox"/>	_____ Vice-President (Academic)	_____ day month year