



Professional Associate 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: <input type="checkbox"/> Three-Year <input type="checkbox"/> Other (please specify) _____	
Criteria & Documentation Required	
Criteria:	
<ol style="list-style-type: none"> Candidates should be active in a profession related to the academic discipline of the unit in which the appointment is to be made. Candidates should hold educational qualifications at the bachelor's degree level or higher, or equivalent professional education and experience in areas appropriate and relevant to the academic unit. 	
Documentation Required:	
<input type="checkbox"/> Current curriculum vitae <input type="checkbox"/> Statement of the benefits of the appointment to the affairs of the academic unit	
_____	_____/_____/_____ day month year
Applicant Signature	
Approvals	
<u>Recommended</u>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	_____/_____/_____ day month year
Department Head	
Yes <input type="checkbox"/> No <input type="checkbox"/>	_____/_____/_____ day month year
Dean/Director/University Librarian/Principal	
Yes <input type="checkbox"/> No <input type="checkbox"/>	_____/_____/_____ day month year
Vice-President (Academic)	