

**APPLICATION FOR RE-APPOINTMENT:**  
**CHANGE IN CONTRIBUTION LEVEL**

<b>Move to Adjunct</b>	<b>Move to Part-Time</b>
Individual will contribute 50 hours of education annually over the next three year term	Individual will contribute 100 hours of education annually over the next three year term

Name:		Email:	
Mailing Address:		Phone:	
		Extension:	
		Fax:	

**Mutually Agreed Contributions**

I understand that this reappointment is for a three-year term. I am aware that my appointment type has changed based on the number of hours I have contributed to education in the last three years. This renewal is based on receipt of satisfactory student evaluations and on the following: (i) providing 150 credited hours of educational activity/supervision over the next three years (applicable to adjunct renewal) or providing 300 credited hours of educational activity/supervision over the next three years (applicable to part-time renewal); (ii) the recommendation of the Associate Dean, School of Rehabilitation Science and the Faculty of Health Sciences; (iv) adherence to the McMaster University Code of Conduct

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**For completion by the Department Education Coordinator**

I approve the above application for a reappointment.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For completion by the Associate Dean, School of Rehabilitation Science**

I request that the above faculty member's appointment be extended for 3 years effective July 1, 201\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date