

**NURSING CONSORTIUM FACULTY  
APPLICATION FOR REAPPOINTMENT LECTURER (ADJUNCT)**

Name:		Email:	
Mailing Address:		Phone: Extension: Fax:	
Employment Location:	Conestoga	Mohawk	

**Mutually Agreed Contributions:**

I understand that the School's recommendation for renewal of this appointment is based on my continued employment at the institution noted above, the recommendation of my home institution, and my continued participation teaching within the Nursing Consortium.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For completion by the Assistant Dean, Academic Resources**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For completion by the Chair, BScN Program, Conestoga College or Associate Dean, BScN Program, Mohawk College**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For completion by the Associate Dean, School of Nursing**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

