

APPLICATION FOR REAPPOINTMENT ADJUNCT RANKS

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

Mutually Agreed Contributions:

I understand that the School's recommendation for renewal of this appointment is based on student evaluations and other service to the Faculty. As a condition of this appointment renewal, I agree to provide a minimum of 150 credited hours of educational and/or other service to the Faculty over three years; maintain in good standing my CNO license or membership with a relevant regulatory authority (if applicable) and adhere to the McMaster University Code of Conduct.

CNO# _____

Applicant's Signature & Date _____

For completion by the Assistant Dean, Academic Resources

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, 201__

Signature

Date

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