

APPLICATION FOR REAPPOINTMENT PART TIME FACULTY

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

Mutually Agreed Contributions:

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I understand that the School's recommendation for renewal of this appointment will be based on student evaluations and other service to the Faculty. As a condition of this appointment renewal, I agree to provide a minimum of 100 credited hours of educational and/or other service to the Faculty annually; maintain in good standing my license or membership with the relevant regulatory authority (if applicable) and adhere to the McMaster University Code of Conduct.

Applicant's Signature & Date

For completion by the Department Education Coordinator	
_____	_____
Signature	Date

For completion by the Associate Dean, School of Rehabilitation Science	
I request that the above faculty member's appointment be extended for three years effective July 1, ____	
_____	_____
Signature	Date

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