

APPLICATION FOR APPOINTMENT AS:
LECTURER (ADJUNCT)

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|--|--|---|--|
| Name: | | McMaster Academic Department: | |
| Email: | | Mailing Address: | |
| Contact Phone: Ext: | | *Date of Birth (Month/Day/Year): Gender: | |
| Have you ever been a McMaster student and/or employee, or have you ever been paid by McMaster? Yes: No: | | | |
| If yes, please provide your ID number If known: | | | |

***NOTE:** Date of Birth information is required by the University before any online resources can be accessed. Should you choose not to provide your DOB, please be aware that you will not be provided with access to email, library and other online resources

An up-to-date CV outlining undergraduate and postgraduate training is attached to this application. (*Applications submitted without a CV cannot be processed*)

I understand this appointment is for a three-year term ending June 30th. This appointment will start on the 1st of the month after a complete application form is received from the department and approved by the Dean and Vice-President, FHS. This appointment is contingent upon (i) providing 150 credited hours of educational activity/supervision over the next three years; (ii) maintaining in good standing my CPSO license or membership with a relevant regulatory authority (if applicable) and hospital privileges (if applicable); (iii) the recommendation of the Assistant Dean or Site Coordinator; and the Department Chair and the Dean and Vice-President, FHS; (iv) adherence to the McMaster University Code of Conduct. Renewal of this appointment will be based on the above criteria as well as evidence of satisfactory student evaluations. The complete policy is available here:

http://www.mcmaster.ca/policy/faculty/Appointments/SPS_A4-OtherAppointments-HealthSciences.pdf

Proposed Mutually Agreed Educational Contributions: 150 credited hours over 3 Years:

For completion by Applicant

Applicant's Signature _____

_____ Date

For completion by the Department Education Coordinator

The teaching activities listed above are available and adequate to meet the requirements for appointment

Department Education Coordinator _____

Printed name

_____ Sign and Date

For completion by the Department Chair

Department Chair: _____

Printed name

_____ Sign and Date

The information gathered on this form is collected under the authority of the *McMaster University Act, 1976*. The information is used for the academic, administrative, employment-related, financial and/or statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Secretary, Gilmour Hall, Room 210, and McMaster University.