

NURSING CONSORTIUM FACULTY - APPLICATION FOR APPOINTMENT AS

LECTURER (ADJUNCT)

Name:		Email:	
Contact Phone: Ext:		Mailing Address:	
*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:			
Employment Location:	Conestoga	Mohawk	
*NOTE: Date of Birth information is required by the University before any online resources can be accessed.			

This appointment is to allow you access to University resources. Acceptance of this appointment does not constitute an employment relationship with McMaster University.

This appointment will start on the 1st of the month after a complete application form and CV is received from the School of Nursing and the appointment is approved by the Dean and Vice-President, FHS. This appointment will be for a term of up to three years, ending June 30th.

This appointment is provided in recognition of your educational contributions to the BScN Program. The exact nature of your contributions to the program is determined by your employer.

Continuation of this appointment is contingent upon your continued employment at the institution noted above, and your teaching within the Nursing Consortium. Any renewal of this appointment will be based on the recommendation of your home institution as well as your continued participation in the Nursing Consortium.

Applicant Signature

Date

Chair, BScN Program, Conestoga College
or
Associate Dean, BScN Program, Mohawk College

Date

Associate Dean, SON (or Delegate)

Date