GRENFELL CAMPUS | MEMORIAL UNIVERSITY

APPLICATION FOR
HONORARY RESEARCH PROFESSOR APPOINTMENT

Applicant Information	
Name:	**School/Program**:
Position at time of retirement:	**Date of retirement**: _____/_____/_____ Day Month Year
Description of Research	
Research Funding	
Funding Agency: ☐ Granting Council (identify):_____ ☐ Research Contract/Grant (identify):_____ ☐ Other Funds (specify):_____	
Length of Research grant/contract: _____years	Date awarded:_____/_____/_____ Day Month Year
State University resources required to conduct research program:	
Length of appointment requested: from _____/_____/_____ to _____/_____/_____ Day Month Year Day Month Year	

Applicant Criteria and Documentation

Criteria:

1. Retired Faculty Member
2. Funding research or pursuing funded research (PLEASE ATTACHE COPY OF RESEARCH PROPOSAL)

_____ _____/_____/_____

Applicant Signature day month year

Approvals

Recommended

Yes ☐ No ☐ _____ _____/_____/_____

Dean day month year

Yes ☐ No ☐ _____ _____/_____/_____

Vice-President (Grenfell Campus) day month year