

**PROFESSIONAL ASSOCIATE RECOMMENDATION  
FOR APPOINTMENT FORM**

***Applicant Information***

Name:

Institutional Address:

Telephone #:

Fax #:

Professional Qualifications:

***Appointment Information***

School/Program:

Effective Date:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
day month year

Length of Appointment:

three-year

other (please specify) \_\_\_\_\_

***Criteria & Documentation Required***

**Criteria:**

1. Candidate should be active in a profession related to the academic discipline of the unit in which the appointment is to be made.
2. Candidate should hold educational qualifications at the bachelor's degree level or higher, or equivalent professional education and experience in areas appropriate and relevant to the academic unit.

**Documentation Required:**

1. Current curriculum vitae
2. Statement of the benefits of the appointment to the affairs of the academic unit.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
day month year

***Approvals***

**Recommended**

Yes No \_\_\_\_\_  
Dean

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
day month year

Yes No \_\_\_\_\_  
Vice-President (Grenfell)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
day month year