

RECOMMENDATION FOR APPOINTMENT - Adjunct / Associate Members

EMPLOYEE INFORMATION:

SFU ID: Last Name: [] Given Name(s): []

Canadian SIN: Birth Date: [] Gender: Male Female

Citizenship / Immigration Status Canadian Citizen Permanent Resident Work Permit required

Country of Citizenship: []

[]

City: []

Postal Code: []

Province: []

Country: []

E-mail: []

	Degree Held (or in progress)	Date or Year Awarded (note if in progress)	Institution
1.	[]	[]	[]
2.	[]	[]	[]
3.	[]	[]	[]

Present Position: []

Institution: []

Has Candidate held position at SFU before Yes No

APPOINTMENT INFORMATION:

Rank: []

Secondary Department: []

Start Date: [] End Date: []

APPROVED BY:

Chair/Director: []

Date: []

Dean of Faculty: []

Date: []