THOMPSON RIVERS

RENEWAL OF ADJUNCT FACULTY STATUS

From:[name of Chair], Chair, [name of department]To:[name of Dean] of [name of faculty or school]W.F. Garrett-Petts, Associate Vice-President, Research and Graduate
Studies

RE: Renewal of Adjunct Faculty Status for [name of nominee **Date**:

I wish to recommend ______ for Adjunct Faculty status at Thompson Rivers University. I have attached the CV.

Please indicate the benefits of the renewal to TRU and the anticipated collaborations that will result.

Please recommend the duration of status designation (no more than 5 years) and justification.

[name of Chair], Chair, [name of department]

[name of Dean] of [name of faculty or school]

W.F. Garrett-Petts AVP, Research and Graduate Studies

C. Bovis-Cnossen Provost and Vice-President Academic date

date

date

date