



THOMPSON RIVERS UNIVERSITY

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]

date

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

date

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

date

C. Bovis-Crossen
Provost and Vice-President Academic

date