



APPLICATION FOR RENEWAL OF PART-TIME/ADJUNCT APPOINTMENT

20...../20..... ACADEMIC YEAR

Application for Renewal of Appointment as: Part-time Adjunct

Rank: Professor Associate Professor Senior Lecturer Lecturer Asst. Lecturer

Department: Faculty:

College:

Name of Applicant:

Contact Address:

Telephone number: E-mail:

Qualifications (degrees, certificates, diplomas with classes, distinctions, etc.) and membership or fellowship of Professional bodies, giving the dates on which each was obtained.

Table with 3 columns: QUALIFICATION, INSTITUTION, DATE

Signature of applicant Date

RECOMMENDATION BY THE DEPARTMENTAL BOARD

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If positive, what courses would be taught by the applicant

Table with 4 columns: No., Code, Course(s), Credit Hours

Supervision of Student thesis

- PhD
• MPhil/MSc.
• Undergraduate.....

Research (State the number that can be verified from Google Scholar).....

Signature: Date:

(Head of Department)

COMMENTS OF THE COLLEGE APPOINTMENTS AND PROMOTIONS COMMITTEE SUB-COMMITTEE

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Signature: Date:.....

(Chairman)