



THOMPSON RIVERS UNIVERSITY

Mechanism for Appointment of Adjunct Faculty

1. Adjunct appointments and reappointments will be recommended by a Department to the Dean of the relevant Faculty or School. Following approval by the Dean, the recommendation will then go in sequence to the Vice-President, Research (Interim) and the Provost and Vice-President Academic for approval.
2. Upon approval by the Provost and Vice-President Academic, the President will write a letter of appointment that identifies the term of the appointment (normally up to five years).
3. Adjunct appointments can be terminated at any time at the request of either party.

To ensure quality, as practice, the nomination application shall include:

1. A CV of the adjunct nominee. ***Please ensure that a current mailing address and email address for the nominee is included with the package.**
2. Completion of the attached nomination form that includes justification for recommendation by the department, and recommendation for duration of appointment (no more than 5 years) and justification.

Notes:

1. Annual activity reports of Adjunct Faculty shall be provided to the Chair and the Vice-President Research (Interim), to be included in the annual research report.
2. Renewal: Requests for renewal may be submitted by the Dean and Chair indicating that the term of the Adjunct Faculty is coming to an end. If the department and faculty wish to renew the candidate, they should submit the form that is included as the last page of this document.

**Note: Provost and VP Academic is delegated by the President to grant appointment.*



Nomination for Adjunct Faculty Status

From: [name of Chair], Chair, [name of department]

To: [name of Dean] of [name of faculty or school]
Shannon Wagner, Vice-President Research

Date: _____

RE: Nomination for Adjunct Faculty Status for [name of nominee]

I wish to recommend _____ for Adjunct Faculty status at Thompson Rivers University for _____ years. (*No more than 5 years*) I have attached the CV.

Nominee's Contact Information:

Address: _____

Phone No. _____

Email: _____

On a separate page, please indicate the benefits of the appointment to TRU and the anticipated collaborations that will result.

Please include the recommended 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

Shannon Wagner
Vice-President Research

date

Gillian Balfour
Provost and Vice-President Academic

date