##### FACULTY PROFESSOR

##### Application Form

NAME: UCID:

DEPARTMENT/FACULTY: /

Period of Appointment : to

 (one to five years duration)

**Recommendation of the Dean:**

Attached letter of recommendation (include statement of how this appointment will fit in with the Faculty’s three-year plan and any supporting information such as research grant data).

### Please scan and email completed form to the HR Contracts Team: academic.contracts@ucalgary.ca

Assessment/Recommendation of the Vice-President (Research):

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Confirmation of Decision to Dean (via e-mail) Date: \_\_\_\_\_\_\_\_\_\_ Initial: \_\_\_\_\_\_\_\_\_

Dean provides Provost and Vice-Provost (Academic) with letter of recommendation for appointment of Faculty Professor via HR Contracts. Date: \_\_\_\_\_\_\_\_\_

### Please scan and email completed form to the HR Contracts Team: academic.contracts@ucalgary.ca

Action of the Provost & Vice-President (Academic): [ ]  Approved [ ]  Not Approved

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***FOR HR USE ONLY:***

Distribution: Candidate received Offer of Employment [ ]  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Academic Advisor [ ]  Department [ ]

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