

NOMINATION FORM - ADJUNCT STAFF

Programme Coordinators/Department Heads, please complete this form, and submit to the Dean or Director for return to the HR Department, with a copy of the nominee's Curriculum Vitae and other documents as indicated in Section C.

A. NOMINEE					
			Gender M		
Title First Name	<u>(s)</u>	Surname			
Department Proposing Nomination:					
Department Head's Statement in Support of this Nomination Please address the merits of the proposed appointment.					
Department Head:					
N	ame	Signature	Date		
B. APPOINTMENT					
Current / Most recent place of work:					
Position within the institution:					
Proposed period of appointment:	From:	То:			
	New Programme	Extension	Replacement		
Programme(s) to which appointment will be made:					
Course(s) to be taught:					
Please indicate if the course is taught in the day or evening.					

C. NOMINEI	E'S DETAILS				
Please complete as fully as possible. Attach CV, proof of qualification, TRN and NIS numbers.					
Cianaturas					
Signatures:					
	Department Head	 Date			
	Беринтен Пеш	Dinc			
	Dean of Faculty	- Date			