

University of New Brunswick
Honorary Research Professor

Application for Appointment

Name: _____ **Date of Application:** _____

Dept/Div./Faculty: _____ **Telephone:** _____

Campus: Fredericton _____ Saint John _____ **Email:** _____

Position at time of retirement: _____

Date of retirement: _____

Brief Description of Proposed Research:

Funding Agency Support (if any):

- Granting Council (identify): _____
- Research Contract/Grant (identify): _____
- UNB Source of Funds (identify): _____
- Not Funded: _____

Length of term of Research Grant/Contract (if held): _____ years.

Date awarded: _____

State all university resources required to conduct research program:

Length of Appointment Requested: From _____ To _____

Signature of Faculty Member: _____

Required attachments:

- Detailed Research Plan
- Letter of Recommendation from Department Chair (in multi-unit faculties)
- Letter of Recommendation from Faculty Dean

Recommendation of the Dean of the School of Graduate Studies:

Signature: _____ **Date:** _____

Comments: _____

Recommendation of VP Fredericton (Academic) or VP Saint John:

Signature: _____ **Date:** _____

Comments: _____

Recommendation of Vice-President (Research):

Signature: _____ **Date:** _____

Comments: _____

Office use only:

Recommend Appointment to the President: Yes _____ No _____

If no, why not: _____

If yes, sent to President's Office for final processing on _____ (date).