



University of New Brunswick

Honorary Research Professor



Application for Appointment

Name: _____

Date of Application: _____

Dept/Div./Faculty: _____

Telephone: _____

Campus: Fredericton Saint John

Position at time of retirement: _____

Date of retirement: _____

Brief Description of Proposed Research:

Funding Agency (if any):

Granting Council (identify): _____

Research Contract/Grant (identify): _____

UNB Source of Funds (identify): _____

Not Funded: _____

PLEASE ATTACH COPY OF RESEARCH PROPOSAL

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

State University Resources Required to Conduct Research program:

Length of Appointment Requested: From _____ To _____

Signature of Faculty Member: _____

NOTE: The letter of recommendation from the Chair of the Department, in multi unit faculties, is to be attached and the application forwarded to the Dean of the Faculty. The Dean of the Faculty is requested to attach his/her letter of recommendation and forward entire package to appropriate Vice-President (either V-P Academic (UNBF) or V-P (Saint John, UNBSJ).

Recommendation of Vice-President (Academic)/(Saint John):

Recommendation of Vice-President (Research):