

**DEPARTMENT SUBMISSION OF PART TIME/ADJUNCT REVIEW<sup>(1)</sup>-- CHECKLIST**  
*To be completed once every three years after initial appointment.*

**Name of Candidate:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Application for:**     \_\_\_\_\_ Part Time Review  
                          \_\_\_\_\_ Adjunct Review

**Submission Includes:**  
                          \_\_\_\_\_ Original application file  
                          \_\_\_\_\_ 1 copy of the application file

*Each application file includes the following documents:*

**File Includes:**  
                          \_\_\_\_\_ Recommendation from the Department  
                          \_\_\_\_\_ Application from the Candidate  
                          \_\_\_\_\_ Copy of dossier evaluation (article 15.00)

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<sup>1</sup> To be included with submission to Dean's office.

Note: The part-time review recommendation form can be sent with the part-time review file or as a separate file.