APPPENDIX G-A – CHANGE OF CLASSIFICATION FORM POSTDOCTORAL FELLOWS

PLEASE PRINT CLEARLY

Postdoctoral Fellows may use this form to request that they be removed from the Classification List (described in article 10.24) and therefore be eligible to apply for part-time contracts. To receive a change in classification, applicants must have completed their postdoctoral fellowship.

Completed forms must be submitted to CUPFA, with a copy to the Office of the Provost, no later than December 1 in order to be eligible to teach courses posted by February 1 of the following year. Note that request must be submitted in writing; no request sent by electronic means will be considered. A change of classification must be confirmed by the Association before an individual may apply for available part-time contracts.

Office of the Provost
SGW Campus, GM 806
1455 De Maisonneuve Blvd. W.
Montreal, QC H3G 1M8
Canada

ACADEMIC YEAR: 20____ - 20____ (Note that the academic year begins with the summer session)

LAST NAME:				
FIRST NAME:				
MAILING ADDRESS:				
	Street A	pt# City		
	Province	!	Postal Code	
PHONE:	Home ()	Office ()	Cell ()
E-MAIL:				
I hereby verify that I	have completed th	ne contract of my Postdoctor	al Fellowship:	
FELLOWSHIP:	-			
DATE FELLOWSHIP CO	OMPLETED:			
DEPARTMENT (S):	-			
SIGNATURE:		DATE:		