APPPENDIX G-C

CHANGE OF CLASSIFICATION FORM POST-DOCTORAL STUDENTS

Post-doctoral students 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 post-doctoral contract.

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.

CUPFA (S-K-310) SGW Campus, S-K-310 1455 De Maisonneuve Blvd. W. Montreal, QC H3G 1M8 Canada Office of the Provost SGW Campus, GM 806 1455 De Maisonneuve Blvd. W. Montreal, QC H3G 1M8 Canada

PLEASE PRINT CLEARLY

LAST NAME:			
FIRST NAME:			
MAILING ADDRESS:			
	Street Apt#	City	
			
	Province	Pos	stal Code
PHONE:	Home ()	Office ()	Cell ()
E-MAIL:			
I hereby verify that I h	ave completed the contrac	t of my Post-Doctoral Fe	llowship:
FELLOWSHIP:			
DATE FELLOWSHIP CO	MPLETED:		
DEPARTMENT (S):			
SIGNATURE:		DATE:	