***Letter of Offer for Adjunct Faculty ***

*(day/month/year)*

*(name)*

*(address)*

Dear *(name)*:

I am pleased to confirm your appointment as Adjunct Professor in the *Department, Faculty or School*. Your appointment will be for the period beginning on *day/month/year* and ending on *day/month/year*.

Your appointment is governed by the University’s Guidelines Re: Adjunct Faculty Appointments, a copy of which is available at . As Adjunct Faculty, you will also be expected to conduct yourself in accordance with the University’s by-laws, rules, regulations, policies, and procedures., including (where applicable) those relating to research.

As discussed, as an Adjunct Professor you will be expected to participate in the academic enterprise of the University by *insert brief description of duties, e.g. contribute to and share in the research activities of the Department, present a seminar to graduate students in the department, etc. This/These* and any other activities arising from your appointment will be under the direction of *name of person, title*, as required.

While you will not receive employment income from the University of Guelph, this appointment entitles you access to the University of Guelph libraries and computer network. Please note however that this appointment will not qualify you for remuneration or participation in University of Guelph benefit plans.

The terms and conditions stated in this letter constitute the only obligations to be undertaken by the University in respect of this appointment.

If you are willing to accept this appointment, please do the following:

* Sign one copy of this letter. Retain the other copy for your files.
* Complete the enclosed Appointment Personal Information form.
* Return the signed copy of this letter and the Appointment Personal Information form by *day/month/year* to: *Name, address.*

If you have any further questions or require additional assistance, please do not hesitate to contact *name, title, unit*, telephone *phone number including area code*, email *email address*.

We are pleased you are considering this opportunity and look forward to your participation in the University community. I extend to you a very warm welcome.

Sincerely,

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*Dean*

Enclosures:

Letter of Offer (additional copy)

Appointment Personal Information form.

I accept this offer of appointment dated *date of letter* on terms and conditions specified in this letter. I understand that the terms and conditions of my appointment as stated in this letter are the only obligations of the University of Guelph to me with respect to this appointment.

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Signature Date



**Personal Information Form – Adjunct Faculty**

**(new appointees only)**

**Web Site: http://www.uoguelph.ca/ADDRESS**

**To be completed by the department:**

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

*For appointees to adjunct faculty who are not currently appointed or employed at the University of Guelph.*

Welcome to the University of Guelph!

In order to initiate your appointment, we need the following information. Please complete and return this form, together with a **signed copy of the Letter of Offer**, to:

*Department enter this information:*

Name:

Address: *Room # and Building*

*Department*

University of Guelph

N1G 2W1

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name normally used (nickname): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name(s): ­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:  Female  Male Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address :

Number and Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt: \_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_

City and Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Home Phone Number: ­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This personal information will be used to maintain a record of all University employees and students appointed through the University Human Resources Information System and other systems. It is protected by the Protection of Privacy provisions of the Freedom of Information and Protection of Privacy Act (FIPPA). If you have any questions about the collection, contact the Secretary of Senate.*