



Tarbiat Modares University

NOMINATION FOR ADJUNCT FACULTY MEMBER

First name: _____ Middle name: _____ Surname: _____

Birth date: _____ Gender: [] M [] F

Primary Place of Employment: _____

Field of Specialization: _____

Faculty in which the appointment will be based: _____

Inviting Faculty/Department or Research Center:

Email: _____

Dates of appointment: Start date: _____ End date: _____

Experience pertinent to appointment: (Please submit resume with this form)

Reason for appointment:

Detailed description of cooperation:

Salary:

Other benefits:

Anticipated benefits to the nominating Faculty/Department or Reaserch Center:

APPROVAL

Faculty/Department or Research Center Head: _____

Date: _____