APPENDIX 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     Postal Code
PHONE: Home (    )   Office (    )       Cell (     )
E-MAIL: ______________________________________________

I hereby verify that I have completed the contract of my Post-Doctoral Fellowship:

FELLOWSHIP: __________________________________
DATE FELLOWSHIP COMPLETED: _____________________________
DEPARTMENT (S): __________________________________
SIGNATURE: _______________________________DATE:___________________