

APPLICATION FOR ADJUNCT POSITION



Instructions for completing Application for Adjunct Position :

1. This form is for Faculty to fill for application of adjunct position.
2. Once completed, the original form together with latest curriculum vitae and certified academic qualification of the proposed adjunct staff is to be forwarded to Human Capital Management, Multimedia University. Persiaran Multimedia, 61300 Cyberjaya, Selangor.

APPLICANT DETAILS:	
Name of Dean:	
Faculty/Department:	
Campus:	<input type="checkbox"/> Cyberjaya <input type="checkbox"/> Melaka <input type="checkbox"/> Iskandar Puteri
Telephone (Office)	

DETAILS OF THE ADJUNCT STAFF:	
Name:	
IC No:	
Date last appointment at Multimedia University (if relevant):	
Previous position at Multimedia University (if relevant):	
Current Working Position :	
Name of University/Company :	

QUALIFICATIONS, WORKING EXPERIENCE, AWARDS AND MEMBERSHIPS:

ACADEMIC QUALIFICATIONS (Must include all academic qualifications starting from Degree or equivalent until highest qualification obtained)

Date Completed	Qualification	Institution

WORKING EXPERIENCE (Must include all related working experience)

Name of University/ Company	Position	Duration

AWARDS, FELLOWSHIPS, MEMBERSHIPS, CERTIFICATION

Date Completed	Qualification	Institution

JOB SPECIFICATION

Please specify the job specification for the adjunct staff :

To supervise postgraduate students
(Please list the name of the students and project title)

Name of Student	Expected Date of Completion
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Other functions (Please specify)

JOB REQUIREMENT

Please indicate the maximum number of visits that the adjunct staff is expected to serve the Faculty

_____ visits within the appointment date.

The Appointment will be from _____ to _____.

SIGNATURE:

Dean of Faculty	To the best of my knowledge, I confirm all the information provided is true and accurate.
	Signature:
	Stamp:
	Date :

FOR HUMAN CAPITAL MANAGEMENT USE ONLY

Received by		Date ___ / ___ / ___
Information checked & confirmed by		Date ___ / ___ / ___
Approved/ Not Approved by Senior Director HCM		Date ___ / ___ / ___
Appointment Letter Sent to Staff		Date ___ / ___ / ___

REMARKS:

- Not Successful due to:
- _____
 - _____
 - _____