



**DALHOUSIE**  
UNIVERSITY

FACULTY OF MEDICINE

**COVER SHEET – Reappointment and Promotion (Instructor Stream)**

**Name:** \_\_\_\_\_

**Department (primary):** \_\_\_\_\_

**Department (secondary):** \_\_\_\_\_  
*If joint appt; do not include cross appts*

**Application type:**

\_\_\_\_\_  
**CANDIDATE SIGNATURE**

\_\_\_\_\_  
**DATE**