

*Office of Research, M.U.N  
Faculty Expertise Form  
For  
Research Directory*

**Please Type (Do not write!!)**

Name: \_\_\_\_\_ Department/School/Centre: \_\_\_\_\_

Division (for SWGC entries) \_\_\_\_\_

Rank: \_\_\_\_\_ Title: \_\_\_\_\_

Cross Appointment(s): \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Joint Appointment(s): \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Keywords (This section is mandatory)**

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**Current Research (Point form)**

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**Past Research (Point form)**

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**Potential Research (Point form)**

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**Special Equipment or facilities**

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Please return completed form to:

Elizabeth Williams

By Mail: Office of Research, INCO Innovation Centre, 2<sup>nd</sup> Floor, Room IIC 2015

By Fax: 709-737-4612

Or By Email: [elainew@mun.ca](mailto:elainew@mun.ca)