

**Associate Graduate Faculty
Nomination Form**

Indicate the nominee's home faculty (or faculties):

FBIT FESNS FEAS FE FS FSSH FHSC

I nominate the following for an Associate Graduate Faculty appointment at UOIT.

Name: _____ Rank: _____

Program:

This nomination is being made in accordance with the criteria for membership as defined in the graduate faculty appointments section of the Graduate Academic Calendar.

Academic appointment:

Tenured/Tenure Track Definite-term Continuing Adjunct Post-Doctoral Fellow

The individual is being appointed to the following (please check all that apply):

Graduate Diploma Master's PhD

The nominee is authorized to:

<input type="checkbox"/> teach graduate courses	<input type="checkbox"/> serve on a supervisory committee	<input type="checkbox"/> co-supervise thesis (if one of the supervisors is a member of the Graduate faculty)
<input type="checkbox"/> supervise portfolios/major papers	<input type="checkbox"/> serve on an examining committee	<input type="checkbox"/> all of the above
<input type="checkbox"/> supervise projects		

Note: in no case may Associate Graduate Faculty serve as the sole thesis supervisor of a graduate student.

Any other restrictions:

Duration of appointment:

1 year 2 years 3 years Definite-term appointment Specify term: _____

Is this a renewal? Yes No

The nominee's CV is attached.

In signing this document, I verify that I have read the graduate faculty appointments section of the Graduate Academic Calendar.

Graduate Program Director	Dean of faculty offering program	Dean of nominee's home faculty	Dean of SGPS
Signature	Signature	Signature	Signature
Date (yyyy/mm/dd)	Date (yyyy/mm/dd)	Date (yyyy/mm/dd)	Date (yyyy/mm/dd)
<input type="checkbox"/> Approved <input type="checkbox"/> Declined	<input type="checkbox"/> Approved <input type="checkbox"/> Declined	<input type="checkbox"/> Approved <input type="checkbox"/> Declined	<input type="checkbox"/> Approved <input type="checkbox"/> Declined

Please provide the School of Graduate and Postdoctoral Studies with a detailed rationale for any nomination being forwarded without approval.

FOR SCHOOL OF GRADUATE AND POSTDOCTORAL STUDIES USE ONLY:			
Reported to Graduate Studies Committee:	Yes	No	Date:
Appealed to GSC of Academic Council:	Yes	No	Date: