

**Graduate Faculty Nomination Form**

School of Graduate and Postdoctoral Studies  
 University of Ontario Institute of Technology  
 2000 Simcoe Street North  
 Oshawa, ON L1H 7K4 T 905.721.8668  
 Submit the completed form to the School of Graduate and Postdoctoral Studies.

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

FBIT                      FESNS                      FEAS                      FE                      FS                      FSSH                      FHSC

I nominate the following for a 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. Graduate Faculty must be tenured and tenure-track faculty at UOIT and have a research program that includes externally refereed publication and experience that is appropriate for the graduate program.

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

Graduate Diploma      Master's      PhD

Note: being the sole supervisor of a PhD student is restricted to Graduate Faculty who have advanced experience as appropriate for the graduate program.

Relevant Qualifications:

- |                                                                      |                                                             |
|----------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> inclusion in program proposal               | <input type="checkbox"/> research funding                   |
| <input type="checkbox"/> previous experience in graduate teaching    | <input type="checkbox"/> externally-refereed publication(s) |
| <input type="checkbox"/> previous experience in graduate supervision | <input type="checkbox"/> established research program       |

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)

Approved      Declined      Approved      Declined      Approved      Declined      Approved      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: |