

Associate Graduate Faculty Nomination Form

School of Graduate and Postdoctoral Studies Ontario Tech University 2000 Simcoe Street North, Oshawa, ON L1G 0C5 905.721.8668 ext. 6209 ontariotechu.ca/gradstudies gradstudies@ontariotechu.ca

Indicate the nominee's ho	ome faculty (or f	faculties):							
FBIT	FEd	FESNS	FEA	AS F	HSc	FSc	FSS	я	
I nominate the following f	or an Associate	Graduate	Faculty ap	pointment at	Ontario	Tech Univer	sity.		
Name:				Rar	Rank:				
Program:					Email: (If nominee is not an Ontario Tech employee, please provide email)				
This nomination is being m Policy located in the Univer			criteria for r	nembership as	defined	d in the Gradu	uate Faculty App	ointments	
Academic appointment:									
Tenured/Tenure Track	Definite-term	C	ontinuing	Adjunct		Postdoctoral F	ellow		
The individual is being ap	pointed to the fo	ollowing (pl	ease check a	ill that apply):					
Graduate Diploma	Master's	Doctoral	PhD						
The nominee is authorized	to:								
teach graduate courses serve on a supervisory commit				ommittee		•	vise thesis (if one of the supervisors is		
supervise portfolios/major papers serve on an exami			examining c	ommittee		a member of the Graduate faculty) all of the above			
supervise projects									
Note: in no case may Associate	e Graduate Faculty	serve as th	e sole thesis	supervisor of a	graduate	student.			
Any other restrictions:									
Duration of appointment:									
1 year 2 years	3 years	☐ Defin	ite-term ap	pointment S	Specify	term:			
Is this a renewal?	es \square No								
The nominee's CV is	attached.								
In signing this document, I v	erify that I have	read the G	raduate Fac	culty Appointm	ents Pol	icy located in	the University's	policy library.	
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	Арр	roved	Declined	Appro	/ed	Declined	Approved	Declined	
Please provide the School	of Graduate and F	Postdoctoral	Studies with	a detailed ration	ale for ar	ny nomination b	peing forwarded wit	thout approval.	
FOR SCHOOL OF GRADUATE A	ND POSTDOCTORA	L STUDIES U	ISE ONLY:						
Reported to Graduate Studies		Yes	No Date						
Appealed to GSC of Academic	c Council:	Yes	No Date	e:					