

Graduate Faculty Appointment Change Form

School of Graduate and Postdoctoral Studies
Ontario Tech University
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Current Appointment: Graduate Faculty Associate Graduate Faculty Emeritus/Emerita Graduate Faculty

Name:

Rank:

Program:

Email:

(If nominee is not an Ontario Tech employee, please provide email)

Changes requested below apply to the following (please check all that apply):

Graduate Diploma Master's Doctoral PhD

APPOINTMENT - REMOVAL

The faculty member named above should be removed from their graduate faculty appointment for the following reason(s):

- has not demonstrated adequate scholarly contributions;
- has been deemed not to have performed adequately and appropriately in her/his role;
- has not taught at the graduate level or served as the primary supervisor over the past three years;
- has departed from the University;
- voluntary withdrawal.

APPOINTMENT - CHANGE

The appointment for the faculty member named above should be changed to:

Associate Graduate Faculty Emeritus/Emerita Graduate Faculty

Duration of new appointment:

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

(Must also complete the "Appointment - Changes to Permissions" section below).

Note: The adjunct appointment memo from the Provost is required for any graduate faculty members that have departed the university, and whose appointment is being changed to associate graduate faculty.

APPOINTMENT - CHANGES TO PERMISSIONS

This section to be completed for:

1. Changes to permissions for existing associate graduate faculty and emeritus/emmerita graduate faculty (duration of the appointment will remain the same as the original appointment) OR
2. Establish permissions when the graduate faculty appointment has been changed to associate graduate faculty or emeritus/emmerita graduate faculty

The faculty member's privileges will be (please check all that apply):

teach graduate courses	serve on a supervisory committee
co-supervise thesis	supervise portfolios/major papers
serve on an examining committee	supervise projects

Note: a copy of the faculty member's CV may be requested for any appointment changes above.

Graduate Faculty Appointment Change Form (Cont'd)

Additional comments from the program:

Graduate Program Director

Signature

Date (yyyy/mm/dd)

Additional comments from the faculty member:

Faculty Member

Signature

Date (yyyy/mm/dd)

In signing this document, I confirm the above changes to the graduate faculty appointment.

Dean of faculty offering program

Signature

Date (yyyy/mm/dd)

Dean of nominee's home faculty

Signature

Date (yyyy/mm/dd)

Dean of SGPS

Signature

Date (yyyy/mm/dd)

FOR SCHOOL OF GRADUATE AND POSTDOCTORAL STUDIES USE ONLY:

Reported to Graduate Studies Committee (if applicable): Yes No Date:

Appealed to GSC of Academic Council: Yes No Date: