

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

FBIT                      FE<sub>d</sub>                      FESNS                      FEAS                      FHSc                      FSc                      FSSH

I nominate the following for a Graduate Faculty appointment at Ontario Tech University.

Name:

Rank:

Program:

This nomination is being made in accordance with the criteria for membership as defined in the Graduate Faculty Appointments Policy located in the University's policy library. Graduate Faculty must be tenured and tenure-track faculty at Ontario Tech University 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      Doctoral      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 Policy 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                      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: