

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 905.721.3062 (fax) ontariotechu.ca/gradstudies gradstudies@ontariotechu.ca

Indicate the nominee's h	ome faculty (or	faculties)):						
FBIT	FEd	FESNS	6	FEAS	FHS	Sc F	FSc	FSSH	
I nominate the following	for an Associate	: Gradua	te Facu	Ity appo	ointment at Ont	ario Tech Un	iversity.		
Name:					Rank:				
Program:					Email: (If nominee is not an Ontario Tech employee, please provide email.)				
This nomination is being m Policy located in the Unive			ne criteri	a for me	embership as de	fined in the G	raduate Fac	culty Appoir	ntments
Academic appointment:									
Tenured/Tenure Track	Definite-term		Continu	ing	Adjunct	Postdocto	ral Fellow		
The individual is being ap	pointed to the fo	ollowing	(please c	heck all t	that apply):				
Graduate Diploma	Master's	PhD							
The nominee is authorize	d to:								
teach graduate courses	teach graduate courses			isory con	nmittee	co-supervise thesis (if one of the supervisors is a member of the Graduate faculty)			
supervise portfolios/majo	serve on an examining committee					all of the above			
supervise projects									
Note: in no case may Associa	te Graduate Facult	y serve as	the sole	thesis su	pervisor of a grad	uate student.			
Any other restrictions	:								
Duration of appointment:									
☐ 1 year ☐ 2 years	☐ 3 years	☐ Def	finite-ter	rm appo	ointment Spe	cify term:			
	Voc. □ No.				·	•			
	Yes ☐ No								
The nominee's CV is	attached.								
n signing this document, I	verify that I have	read the	Gradua	te Facul	ty Appointments	Policy locate	ed in the Uni	versity's po	olicy library
Graduate Program Director	faculty offering program Dean of no				nominee's home faculty Dean of SGPS				
Signature	Signature				Signature		Signat	ure	
Olgridiaio	9				3		0.9		
Date (yyyy/mm/dd)	Date (yyyy/	/mm/dd)			Date (yyyy/mm/dd)		Date (yyyy/mm/dd)	
Approved Declined	d App	proved	Decline	ed	Approved	Declined		Approved	Declined
Please provide the Schoo	l of Graduate and I	⊃ostdoctor	al Studie	s with a	detailed rationale	or any nominat	ion being for	varded witho	ut approval.
FOR SCHOOL OF GRADUATE A	AND POSTDOCTOR/	L STUDIES	S USE ON	LY:					
Reported to Graduate Studies	Yes	No	Date:						
Appealed to GSC of Academ	ic Council:	Yes	No	Date:					