

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	home faculty	(or facultie	s):							
FBIT	FEd	FESNS		FEAS	FHS	F 5	Sc	FSSH		
I nominate the following	ງ for a Gradua	ate Faculty	appoi	ntment	at Ontario Tec	h University.				
Name:					Rank:					
Program:										
This nomination is being n Appointments Policy locate at Ontario Tech University is appropriate for the grade The individual is being a	ed in the Unive and have a re uate program.	rsity's policy search prog	library Iram th	. Gradua at includ	ate Faculty mus les externally re	t be tenured a	nd tenure-track	k faculty	t	
Graduate Diploma	Master's	PhD								
Note: being the sole supervisor	of a PhD student	is restricted to	Gradua	te Faculty	who have advance	ed experience as	appropriate for th	e graduate	program.	
Relevant Qualifications:										
inclusion in program proposal research fu						h funding				
previous experience in graduate teaching						externally-refereed publication(s)				
previous experience in graduate supervision established research program										
The nominee's CV In signing this document,		ve read the	Gradu	ate Facı	ulty Appointmen	ts Policy locate	ed in the Unive	ersity's pol	licy library.	
Graduate Program Director	Dean o	Dean of faculty offering program			Dean of nominee	Dean of S	Dean of SGPS			
Signature	Signatu	Signature			Signature	Signature	Signature			
Date (yyyy/mm/dd) Approved Decline Please provide the School	d A	ryy/mm/dd) approved d Postdoctora	Declin al Studie		Date (yyyy/mm/dd) Approved detailed rationale	Declined for any nominati	•	oroved	Declined it approval.	
FOR SCHOOL OF GRADUATE	AND POSTDOCTO	RAI STUDIES	USE ON	II Y·						
				Date:						
Appealed to GSC of Academ	ic Council:	Yes	No	Date:						