

Graduate Faculty Appointment Change 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

Current Appo	inimeni:	Graduate Faculty	Associate Graduate Fa	icuity	Emeritus/Emerita Graduate Faculty	
Name:				Rank:		
Program:						
Changes requested below apply to the following (please check all that apply):						
Gradu	ate Diploma	Master's	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/emerita 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/emerita 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	er:	
Faculty Member	Signature	Date (yyyy/mm/dd)
	Signature changes to the graduate faculty appointmen	
In signing this document, I confirm the above	e changes to the graduate faculty appointmen	t.
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