

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

FBIT ☐ FE ☐ FEAS FHS FS FSSH

I nominate the following for an Emeritus/Emerita 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 Graduate Faculty Appointments Policy located in the University's policy library.

The individual is being appointed to the following (please check all that apply):

☐ Graduate Diploma ☐ Master's ☐ Doctoral ☐ PhD

The nominee is authorized to:

☐ teach graduate courses ☐ serve on a supervisory committee ☐ co-supervise thesis (if one of the supervisors is a member of the Graduate faculty)
☐ supervise portfolios/major papers ☐ serve on an examining committee ☐ all of the above
☐ supervise projects

Note: In no case may Associate Graduate Faculty serve as the sole thesis supervisor of a graduate student.

Any other restrictions:

Duration of appointment:

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

Is this a renewal? ☐ Yes ☐ No

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: