

Graduate Faculty Appointment Change Form

School of Graduate and Postdoctoral Studies
Ontario Tech University
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Current Appointment: Graduate Faculty Associate Graduate Faculty Emeritus/Emerita Graduate Faculty

Name:

Rank:

Program:

Email:

(If nominee is not an Ontario Tech employee, please provide email)

Changes requested below apply to the following (please check all that apply):

Graduate Diploma Master's Doctoral 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:

- Changes to permissions for existing associate graduate faculty and emeritus/emmerita graduate faculty (duration of the appointment will remain the same as the original appointment) OR
- Establish permissions when the graduate faculty appointment has been changed to associate graduate faculty or emeritus/emmerita 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.

Additional comments from the program:

Graduate Program Director

Signature

Date (yyyy/mm/dd)

Additional comments from the faculty member:

Faculty Member

Signature

Date (yyyy/mm/dd)

In signing this document, I confirm the above changes to the graduate faculty appointment.

Dean of faculty offering program

Signature

Date (yyyy/mm/dd)

Dean of nominee's home faculty

Signature

Date (yyyy/mm/dd)

Dean of SGPS

Signature

Date (yyyy/mm/dd)

FOR SCHOOL OF GRADUATE AND POSTDOCTORAL STUDIES USE ONLY:

Reported to Graduate Studies Committee (if applicable): Yes No Date:

Appealed to GSC of Academic Council: Yes No Date: