

## **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 ontariotechu.ca/gradstudies gradstudies@ontariotechu.ca

Indicate the nominee's ho	me faculty (or fa	aculties):								
FBIT I	FE	FEAS	FHS	5	FS	FSS	Н			
I nominate the following fo	r an Associate	Graduate	Faculty ap	opointmen	t at Ontar	rio Tech Univ	ersity.			
Name: Rank:										
		(Rank at Ontario Tech)								
Program:		Email:  (If nominee is not an Ontario Tech employee, please provide email)								
-										
This nomination is being ma Policy located in the University			criteria for	membersh	ip as defir	ned in the Gra	duate Fac	ulty Appoint	tments	
Academic appointment:										
Tenured/Tenure Track	Definite Term	Co	ontinuing	Adjı	unct	Postdoctoral	Fellow	Sessional I	Instructor	
The individual is being app	ointed to the fol	lowing (pl	ease check	all that apply	·):					
Graduate Diploma	Master's D	octoral	PhD							
The nominee is authorized	to:									
teach graduate courses serve on a supervisory committee						co-supervise thesis (if one of the supervisors is				
supervise portfolios/major papers serve on an examining committee						a member of the Graduate faculty) all of the above				
supervise projects										
Note: in no case may Associate	Graduate Faculty	serve as th	e sole thesis	supervisor	of a gradua	ate student.				
Any other restrictions:										
Duration of appointment:										
☐ 1 year ☐ 2 years	3 years	☐ Defin	ite-term ap	opointment	Speci	fy term:				
Is this a renewal?	es 🗌 No									
The nominee's CV is a	attached.									
In signing this document, I ve	erify that I have r	ead the G	raduate Fa	culty Appo	intments I	Policy located	in the Univ	versity's not	icy library	
in signing this document, i ve	any that i have it	cau inc o	raduate r a	сину дрро	illilliciilo i	olicy located	in the onit	reisity s poi	icy library.	
Graduate Program Director	Door of foo			Doon of	naminaala	hama facultu	Doon	of earle		
Graduate Program Director	Dean of fact	uity offering	g program	Dean of	nominee's	home faculty	Dean o	of SGPS		
Signature	Signature			Signatu	re		Signatu	ıre		
Date (yyyy/mm/dd)	Date (yyyy/mi	m/dd)		Date (yy	vv/mm/dd)		Date (y	yyy/mm/dd)		
Approved Declined	Appro	•	Declined	(***	pproved	Declined	F	Approved	Declined	
Please provide the School of	of Graduate and Po	ostdoctoral	Studies with	a detailed r	ationale for	r any nomination	n being forw	arded withou	ıt approval.	
FOR SCHOOL OF GRADUATE AN	D POSTDOCTORAL	STUDIES U	ISE ONLY:							
Reported to Graduate Studies	0 "	Yes	No Da	te:						
Appealed to GSC of Academic	Council:	Yes	No Da	te:						