

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	culties):						
FBIT I	FE	FEAS	FHS	FS	FSSH			
I nominate the following fo	r an Associate (Graduate	Faculty app	ointment at Onta	ario Tech Univer	sity.		
Name:			Rank:	Rank:				
		(Title at Ontario Tech)						
Program:				Email:				
-				(If nomine	ee is not an Ontario T	ech employee, please	e provide email)	
This nomination is being ma Policy located in the University			criteria for m	embership as de	fined in the Grad	uate Faculty App	ointments	
Academic appointment:								
Tenured/Tenure Track	Definite Term	Co	ntinuing	Adjunct	Postdoctoral F	ellow Session	nal Instructor	
The individual is being app	ointed to the foll	owing (ple	ease check all	that apply):				
Graduate Diploma	Master's D	octoral	PhD					
The nominee is authorized	to:							
teach graduate courses	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 con						· ·		
supervise projects								
Note: in no case may Associate	Graduate Faculty s	serve as the	e sole thesis s	upervisor of a grad	uate student.			
Any other restrictions:								
Duration of appointment:								
☐ 1 year ☐ 2 years	3 years	Defini	te-term app	ointment Spe	cify term:			
Is this a renewal?	es 🗌 No							
The nominee's CV is a	attached.							
In signing this document, I ve	erify that I have re	ead the Gr	aduate Facu	Ity Appointments	Policy located in	the University's	policy library.	
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Graduate Program Director	Dean of facu	ıltv offerina	program	Dean of nominee	s's home faculty	Dean of SGPS		
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Signature	Signature			Signature		Signature		
Date (yyyy/mm/dd)	Date (yyyy/mr	n/dd)		Date (yyyy/mm/dd)		Date (yyyy/mm/dd)		
Approved Declined	Appro	oved [Declined	Approved	Declined	Approved	Declined	
Please provide the School of	of Graduate and Po	stdoctoral S	Studies with a	detailed rationale f	for any nomination l	being forwarded wit	hout approval.	
FOR SCHOOL OF GRADUATE AN	D POSTDOCTORAL	STUDIES US	SE ONLY:					
Reported to Graduate Studies	0 "	Yes	No Date:					
Appealed to GSC of Academic	Council:	Yes	No Date:					