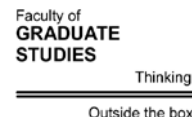




University of Victoria

# Faculty of Graduate Studies Recommendation for Membership



### **GUIDELINES:**

The head of the academic unit nominating the candidate is responsible for vetting the candidate's c.v. ensuring that the criteria for "Conditions of Membership" are met. Please attach the candidate's c.v. to this form. The signature from the Head of the Academic Unit confirms that the candidate's c.v. has been reviewed and is deemed to be accurate.

If the candidate does not meet the normal expectations in your unit for research, graduate supervision and graduate teaching, please attach a short rationale.

**Regular Members** are faculty members with tenured or tenure-track appointments who are typically granted membership for the length of their academic appointments.

**Associate Members** normally are employed outside the University or hold non-tenured or non-tenure-track appointments within the University. In addition, qualified performance instructors, senior instructors, and artists-in residence may be appointed. Membership shall be for the length of their academic appointment to a maximum of 5 years (with option to renew).

**Emeritus Members** may be appointed as Regular or Associate Members upon the recommendation of the academic unit. Membership shall be for a maximum of 5 years (with option to renew).

Criteria and membership information are available at:

[http://web.uvic.ca/gradstudies/pdf/MembershipinFGSInfoForm\\_Sept29\\_05.pdf](http://web.uvic.ca/gradstudies/pdf/MembershipinFGSInfoForm_Sept29_05.pdf)

Employee V-Number (required): \_\_\_\_\_ Name (please print) \_\_\_\_\_

Email: \_\_\_\_\_ Home Academic Unit \_\_\_\_\_

Academic Unit you are seeking membership for: \_\_\_\_\_

Type of Academic Appointment at the University of Victoria: \_\_\_\_\_

### **Type of Membership Recommended:**

Regular Member, or  Associate Member, or  Emeritus Member

### **Is this a:**

New Membership, or  Renewal of Membership

The recommendation is for a term starting \_\_\_\_\_ and ending: \_\_\_\_\_  
*for Associate/Emeritus only*

### **Restrictions to Membership:** (Please attach a letter to justify any restrictions, if required)

- Co-supervision only (normally Associate/Emeritus members are restricted to co-supervision)
- Associate member permitted to supervise  Doctoral committee membership only
- PhD student supervision only  Master's committee membership only
- Master's student supervision only
- Other: \_\_\_\_\_

### **Head of Academic Unit recommending Membership:**

Name \_\_\_\_\_ Signature \_\_\_\_\_

Approved by the Dean of Graduate Studies: \_\_\_\_\_  
(or designate) Signature \_\_\_\_\_ Date \_\_\_\_\_