



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. and a copy of the appointment form (for Associate membership only) 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. Scan and email all completed requests to fgssec2@uvic.ca

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

Associate Members - non-tenured teaching faculty, adjunct and limited term faculty, sessional 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).

Affiliate Members - qualified individuals who do not hold academic appointments at the University of Victoria but who wish to serve as an inside or outside member on supervisory committees. Membership shall be for either the duration of study of a particular student or for a maximum of 5 years (with option to renew).

Criteria and membership policy is available at: <https://www.uvic.ca/graduatestudies/about/membership/index.php>

Employee V-Number: _____ Name (please print) _____

Email: _____ Home Academic Unit: _____

Academic unit you are seeking membership for: _____

If cross-appointed, in what other department: _____

Type of Academic Appointment at the University of Victoria: _____

End date of Academic Appointment at the University of Victoria: _____
(for Associate membership only)

Type of Membership Recommended:

Regular Member, or Associate Member, or Affiliate Member

Is this a:

New Membership, or Renewal of Membership Revised Membership

The recommendation is for a term starting _____ and ending: _____
(for Associate/Affiliate only)

Recommended membership privileges/restrictions (please check off all that apply):

- Co-supervision (Associate members only)
- Associate member permitted to supervise*
- PhD student supervision
- Master's student supervision
- Doctoral committee membership
- Master's committee membership

*requires supporting rationale

Head of Academic Unit recommending Membership:

Name _____ Signature _____