



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. The signature from the Head of the Academic Unit confirms that the candidate's c.v. includes their current UVic position, 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. Include the candidate's full c.v. and a copy of their academic appointment form.

Associate Members - non-tenured teaching faculty (assistant and associate teaching professors), 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). Include the candidate's full c.v. and a copy of their academic appointment form.

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). Include the candidate's full c.v. with this form.

Criteria and membership policy is available at:
<https://www.uvic.ca/graduatestudies/about/fgs-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):

- | | |
|---|---|
| <input type="checkbox"/> Co-supervision (Associate members only) | <input type="checkbox"/> Co-supervision (Doctoral student only) |
| <input type="checkbox"/> Associate member permitted to supervise* | <input type="checkbox"/> Co-supervision (Master's student only) |
| <input type="checkbox"/> PhD student sole-supervision* | <input type="checkbox"/> Doctoral committee membership |
| <input type="checkbox"/> Master's student sole-supervision* | <input type="checkbox"/> Master's committee membership |

*requires supporting rationale

Head of Academic Unit recommending Membership:

Name _____ Signature _____