

Faculty of Graduate Studies Membership Nomination Form

In addition to this form, both a paper copy and an electronic copy of your curriculum vitae must be submitted in IQAP format to the Faculty Dean who oversees the program to which you are applying.

Faculty Member: _____ Home Department: _____

Phone: _____ Email: _____

Graduate Program Membership Requested: _____

Faculty status (please check **one**):

- Full-time, tenure or tenure-track faculty member of Lakehead University.
- External Adjunct Professor - Nominee is not a faculty member of Lakehead University. She/he has been granted External Adjunct Professor Status by Senate and the Board of Governors
ExpiryDate: _____
- Internal Adjunct Professor - Nominee is a faculty member of Lakehead University or NOSM, but not a member of this graduate program. He/she has been granted Internal of Adjunct Professor Status by Senate and the Board of Governors.
ExpiryDate: _____
- Other: Emeritus Professor or Adjunct Professor.

Membership Requested (please check **one**):

- Non-Core Membership
- Core: Master's Membership
- Core: Doctoral Membership

Successful applicants of will be those which document achievement in meeting the criteria for membership as outlined in the Senate approved (February 2015) "Criteria and Procedures" policy. Committees judging applicants typically place weight on the following:

- Evidence of adequate involvement in graduate student supervision, either as supervisor, co-supervisor, or committee member, commensurate with programmatic norms.
- Evidence of adequate involvement in teaching at the graduate level.
- Evidence of peer recognition of scholarly or scientific achievement at regional, national, and/or international levels by objective, and (where possible) qualitative measures (e.g. Tri-council grants or other national or international grants of funding successes; awards or titles).
- Peer-review of contributions of research, scholarly activity, creative-performance, as exemplified through refereed or critically judged publication as per the norm of the discipline.

Faculty Member: _____ Date: _____

Graduate Coordinator of Program Requested: _____ Date: _____

Faculty Dean of Program Requested: _____ Date: _____