

Please see the SGS Governance document for a list of criteria for membership in the Graduate Faculty.

**Attach a copy of your C.V. to this form.**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Department/Division: \_\_\_\_\_ Email: \_\_\_\_\_

Type of Membership Requested: (Please see the SGS Governance document for definitions of types of membership)

- |                                                     |                                                      |                                                   |
|-----------------------------------------------------|------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Full Graduate Faculty      | <input type="checkbox"/> Associate Graduate Faculty  | <input type="checkbox"/> Adjunct Graduate Faculty |
| <input type="checkbox"/> Affiliate Graduate Faculty | <input type="checkbox"/> Occasional Graduate Faculty |                                                   |

Programs:

- |                                       |                                          |
|---------------------------------------|------------------------------------------|
| <input type="checkbox"/> MA History   | <input type="checkbox"/> MSc Kinesiology |
| <input type="checkbox"/> MA Sociology | <input type="checkbox"/> MSc Math        |
| <input type="checkbox"/> MEd          | <input type="checkbox"/> PhD             |
| <input type="checkbox"/> MES/MESc     |                                          |

**A brief description of your research, scholarly or creative interest and potential contributions to the program(s):**

**Current Research Funding Applications:**

Year:	Source:	Amount:	Purpose:	Awarded:	Role:
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> Principal Investigator <input type="checkbox"/> Co-applicant
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> Principal Investigator <input type="checkbox"/> Co-applicant
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> Principal Investigator <input type="checkbox"/> Co-applicant
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/> Principal Investigator <input type="checkbox"/> Co-applicant

**Graduate Supervision Experience:**

	Total completed	Total in progress	Total supervised	Total co-supervised
Masters	_____	_____	_____	_____
Doctoral	_____	_____	_____	_____
Post-doctoral	_____	_____	_____	_____

**Graduate Teaching Experience:**

Year:	Course Title:	University:	Country:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Signature Area:**

Applicant Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please submit this completed form and copy of your C.V. (required) to the School of Graduate Studies at [sgs@nipissingu.ca](mailto:sgs@nipissingu.ca)**

Graduate Coordinator/Chair \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Faculty Dean \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Dean of Graduate Studies and Research \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved with the following status: \_\_\_\_\_