

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

- Full Graduate Faculty
- Associate Graduate Faculty

- Occasional Graduate Faculty
- Adjunct Graduate Faculty

Programs:

MA Sociology

MEd

PhD

MES/MESc

MSc Kin

MSc Math

MA History

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="radio"/> Principal Investigator <input type="radio"/> Co-applicant
_____	_____	_____	_____	<input type="checkbox"/>	<input type="radio"/> Principal Investigator <input type="radio"/> Co-applicant
_____	_____	_____	_____	<input type="checkbox"/>	<input type="radio"/> Principal Investigator <input type="radio"/> Co-applicant
_____	_____	_____	_____	<input type="checkbox"/>	<input type="radio"/> Principal Investigator <input type="radio"/> 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

_____	_____	_____
Grad Coordinator/Chair	Signature	Date

_____	_____	_____
Faculty Dean	Signature	Date

_____	_____	_____
Dean of Graduate Studies and Research	Signature	Date

Approved with the following status: _____