

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 - Voting | <input type="checkbox"/> Associate Graduate Faculty - Voting |
| <input type="checkbox"/> Full Graduate Faculty – Non-Voting | <input type="checkbox"/> Associate Graduate Faculty – Non-Voting |

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

Graduate Coordinator/Chair _____ Signature _____ Date _____

Faculty Dean _____ Signature _____ Date _____

Dean of Graduate Studies and Research _____ Signature _____ Date _____

Approved with the following status: _____