

Nomination Form - Graduate Teaching/Advisory Membership

Nominee Information

Name (Surname, Give	en, Middle Initial)					
Western Employee ID*				Current Academic Appointment Contract End Date (if		Contract End Date (if applicable)
Level of Current Membership with Nominating Program (if applicable)				Home Unit		
*If the nominee!	has no Western E	mplovee ID. pl	ease include the fo	ollowing:		
Gender	Address	<u></u>		<u></u>		
City		Province	Postal Code		Date of Birth	
Nomination	n					
SGPS Membership Level Requested Teaching/Advisory Membership				Nominating Program		
Start Date			-	End Date (cannot exceed three years from Start Date)		

Proposed Role(s) of Nominee within Program (check all that apply)

Involved in graduate student advising

Chairing master's thesis examination(s)

Participating as thesis examiner

Serving as member of thesis supervisory committee(s) (but not as supervisor)

Teaching graduate-level course(s)

Participating as a reader on a research paper(s) and/or doctoral comprehensive examination(s)

FOR HR	Department Code: 999998	Job Code: ZZ900		
	Contact: Chris Bell (SGPS) – Phone: x83930, Email: cbell57@uwo.ca			