

## RECOMMENDATION OF ASSOCIATE MEMBER APPOINTMENT

---

Faculty Member:

Primary Dept:

Associate Dept:

Effective date:

Length:        years

---

### RESPONSIBILITIES OF ASSOCIATE MEMBER:

---

---

#### UNDERGRADUATE EDUCATION

---

**State undergraduate involvement:**

---

#### GRADUATE EDUCATION

---

**State if the member will have regular and continuing responsibility for graduate student supervision and if so, the number of students that would normally be assigned to the member. Describe the extent of the member's participation in formulating the Department's graduate policy and in decisions concerning students and/or the extent of the member's activities in graduate courses**

---

#### POSTGRADUATE MEDICAL EDUCATION

---

**State postgraduate involvement:**

---

Chair, Associate Department

---

Chair, Primary Department

---

Dean, Faculty of Health Sciences

---

Dean, Faculty of

---

Dean, Graduate Studies

---

Provost and VP Academic

THIS FORM, COMPLETED BY THE CHAIR, IS TO BE PASSED FOR APPROVAL IN SUCCESSION TO THE VARIOUS OFFICERS INDICATED. WHEN ALL APPROVALS HAVE BEEN OBTAINED, THE ASSOCIATE MEMBER WILL RECEIVE A LETTER FROM THE PROVOST. SEE SPS A5 FOR FULL POLICY