

Associate Membership Appointment Recommendation Form

Appointment Information											
Faculty Member:		Rank:	,								
Principal Department:			•								
Associate Department:											
Appointment Date:			Lengt	Length of Term:							
Please attach the faculty member's current Curriculum Vitae with this completed form.											
Delicios											
Policies Please refer to the following Senate-approved policies regarding Associate Membership (see www.mcmaster.ca/polcy):											
"Policy on Joint Appointments and Associate Membership (SPS 5)" and "Policy Governing Associate Memberships (SPS 6)".											
Duties											
Describe the extent of the Member's participation in undergraduate studies. ■											
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If Yes, how many students in this Department would normally be assigned to the member? # Students The Property of the March of the Ma											
3. Describe the extent of the Member's participation in formulating the Department's graduate policy and in decisions concerning students.											
4. Will the member give lectures in the Department? ("X") Yes No If Yes, describe the extent of the Member's act							's activity.				
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Approvals											
This form is to be passed for approval in succession to the various officers indicated after initiation by the Chair of the Associate Department. When											
11	otained, the Provost's Office will ser	nd a lette	r and a cop	y of th						S.	
Associate Department and Faculty				Principal Department and Faculty							
Chair			Chair	Chair							
Dean*			Dean	Dean*							
Vice Provost & Dean (Grad Studies)		Provo	Provost & Vice-Pres. (Academic)								

Associate Member Appt Rec Form New March 2009

^{*} Dean needs to sign only once if Departments are from the same Faculty