

APPLICATION FOR ADJUNCT (FGS) MEMBERSHIP

THIS FGS MEMBERSHIP IS TYPICALLY FOR NON-DALHOUSIE SCHOLARS WHO WISH TO HAVE EXTENDED INVOLVEMENT WITH DALHOUSIE UNIVERSITY GRADUATE PROGRAMS. AN ADJUNCT (FGS) MAY NOT BE THE SOLE SUPERVISOR OF A GRADUATE STUDENT.

1. NAME OF ACADEMIC UNIT:	
2. NAME OF PROPOSED MEMBER FIRST :	LAST:
3. BANNER NUMBER (IF APPLICABLE):	

4. REQUEST FOR ADJUNCT (FGS) APPOINTMENT:	
THE REQUESTED APPOINTMENT IS: <input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	
LENGTH OF REQUESTED APPOINTMENT: <input type="checkbox"/> 3 YEARS <input type="checkbox"/> 5 YEARS (PLEASE NOTE ALL ADJUNCT APPOINTMENTS END ON JUNE 30)	

5. REASON FOR REQUEST (CHECK ALL THAT APPLY):	
<input type="checkbox"/> COMMITTEE MASTER'S	<input type="checkbox"/> Co-SUPERVISE MASTER'S
<input type="checkbox"/> COMMITTEE PHD	<input type="checkbox"/> Co-SUPERVISE PHDs
<input type="checkbox"/> TEACH MASTER'S LEVEL	<input type="checkbox"/> OTHER:
<input type="checkbox"/> TEACH PHD LEVEL	

6. BACKGROUND OF PROPOSED MEMBER:		
CURRENT POSITION:		
CURRENT ACADEMIC UNIT:		
LIST ALL ACADEMIC DEGREES:		
NUMBER OF JOURNAL ARTICLES:	NUMBER OF OTHER PUBLICATIONS:	NUMBER OF CONFERENCES:
OTHER:		

7. EMPLOYER DETAILS FOR ADJUNCT (FGS) – NOTE THEY WILL BE NOTIFIED:		
EMPLOYER:		
NAME OF IMMEDIATE SUPERVISOR FIRST:	LAST:	
EMAIL ADDRESS OF IMMEDIATE SUPERVISOR:		

8. APPLICANT'S CONTACT INFORMATION:		
EMAIL ADDRESS:		
MAILING ADDRESS:		
DATE OF BIRTH (DD-MM-YYYY):		

9. ACADEMIC UNIT APPROVAL		
CHAIR//DIRECTOR/HEAD:	SIGNATURE:	DATE (DD-MM-YYYY):

10. FGS DEAN APPROVAL		
FGS DEAN:	SIGNATURE:	DATE (DD-MM-YYYY):

11. PLEASE ATTACH A CURRENT CV AND SUBMIT TO:		
FGS.MEMBERSHIPS@DAL.CA		