



RECOMMENDATION FOR NON-G+PS MEMBER TO JOIN SUPERVISORY COMMITTEE

STUDENT INFORMATION:		Student Number:
Given Name:		Family Name:
Email:	Degree: <input type="checkbox"/> PhD <input type="checkbox"/> DMA <input type="checkbox"/> EdD	Program:

<https://www.grad.ubc.ca/faculty-staff/policies-procedures/non-members-faculty-graduate-postdoctoral-studies-supervisory>

<http://www.calendar.ubc.ca/vancouver/index.cfm?tree=12,204,350,773>

For a non-member of the Faculty of Graduate and Postdoctoral Studies to serve on a student's supervisory committee, special approval is required. For service on doctoral committees, the disciplinary Faculty and the Faculty of Graduate and Postdoctoral Studies must approve; **for service on master's committees, the approval of the graduate program advisor or department head suffices.** To be eligible, the non-member should normally be actively engaged in research, experienced with graduate education, and hold appropriate qualifications. **Note that at least half of the members of the supervisory committee must be members of the Faculty of Graduate and Postdoctoral Studies.**

We recommend that the following person be approved to serve as a member of this student's supervisory committee:

Nominee's name: _____ **Nominee's email:** _____

Employer: UBC **UBC CWL:** _____ **UBC Employee #:** _____

Position: Clinical Partner UBCO [CV not required]

Other UBC position (specify): _____

Employer: Other university or organization **Uni/Org. name:** _____

Title or position held: _____

We are requesting approval for: Additional students in program (approval valid for 5 years) This student only

For additional students for five years, ensure that this is addressed in the grad program memo and the nominee's assent.

Please attach ALL of the following:

- Indication (from the graduate program) of the particular qualifications that make the nominee suitable
- Statement from nominee assenting to serve on committee and accepting [committee membership responsibilities](#)
- Nominee's current CV
- Names of the other committee members (please list): _____

Approval of Research Supervisor:

Signature Name (please print) Program Date (yyyy/mm/dd)

Approval of Graduate Advisor or Head of the Graduate Program:

Signature (must be different from above) Name (must be different from above) Program Date (yyyy/mm/dd)

Graduate Studies use only:			
Signature of Dean/Associate Dean or designate	Date of approval	Recorded	Notification sent
Approval valid for: <input type="checkbox"/> 5 years <input type="checkbox"/> This student only			