



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

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

<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:**  5 years  This student only