THE UNIVERSITY OF BRITISH COLUMBIA
Graduate and Postdoctoral Studies

Office of the Dean and Vice-Provost
Theses and Dissertations
grad.ubc.ca | graduate.thesis@ubc.ca

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

Please do not use this form for master's committee members. See below.

STUDENT INFORMATION:		**Student Number:**
Given Name:		**Family Name:**
Email:	**Degree:** ☐PhD ☐DMA ☐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 have unique expertise not available from UBC faculty members. **Note that at least half of the members of the 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:** _____

If UBC: **Faculty stream:** ☐ Educational Leadership ☐ Partner ☐ Clinical

☐ UBCO faculty member who **does not** hold Supervisory membership in the College of Graduate Studies

Title: ☐ Professor ☐ Associate Professor ☐ Assistant Professor

UBC position if not listed above: _____

UBC CWL: _____ **UBC Employee Number:** _____

If not UBC: **Non-UBC employer:** _____

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 stating they have read and accept committee membership responsibilities. See Supervision / Roles and Responsibilities / Supervisory Committee.**

☐ **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)