

ASSOCIATE MEMBERSHIP: Medical Faculty Recommendation

Renewal:
New Appointment:

“Secondary associate memberships are appropriate for medical faculty who make the majority of their academic contributions in their primary units, but also provide certain academic services to another college, department or division on a consistent basis. Associate memberships in secondary units are temporary insofar as they are typically three- to five-year appointments, subject to renewal.” (Section 7.4.1, Procedures Manual for Medical Faculty, June 20, 2017)

Name _____ Rank _____

Primary Unit: Department _____ College _____

Date of appointment to Primary Unit: _____

Secondary Unit: (Proposed Department or College for Associate Membership) _____

Period of Associate Membership: from _____ to _____ (normally not less than 3 years or more than 5 years)

General Purposes of Associate Membership in Secondary Unit:

Specific Duties of Associate Member in Secondary Unit (*see note below):

Secondary Unit Expectations Regarding Administrative Participation:

Have Duties in Principal Unit Been Altered Because of This Appointment? If so, please describe and fully list remaining expectations in Primary Unit.

Other Conditions:

	Date

	Medical Faculty signature
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Recommended: <u>Primary Unit</u>	<u>Secondary Unit</u>
Head _____	Head _____
(Please Sign & Print Name)	(Please Sign & Print Name)
Dean _____	Dean _____
(Please Sign & Print Name)	(Please Sign & Print Name)

Approved by:

*N.B: If duties involve graduate student supervision or teaching, such activities must be approved by the Dean, College of Graduate & Postdoctoral Studies (CGPS) and an associate membership in that College must also be recommended by the Primary Unit unless such membership already exists. The CGPS will forward this form to the Office of the Vice-Provost, Faculty Relations for final approval on behalf of the Provost and Vice-President.

Dean, Graduate & Postdoctoral Studies (if applicable)

Vice-Provost, Faculty Relations

Submit the completed form to the Vice-Provost, Faculty Relations for approval on behalf of the Provost and Vice-President Academic.

When approved, copies will be sent to the medical faculty appointee and each signatory.