Carleton University | **Faculty of Graduate and Postdoctoral Affairs**

NON-CARLETON
GRADUATE CO-SUPERVISION APPOINTMENT FORM

Note: this form should be completed if you would like to appoint a co-supervisor who does not qualify for any Honorary Ranks. If the faculty member is eligible for an honorary rank, please complete the *approval form*.

SECTION A: PERSONAL INFORMATION

_____
Family Name (surname/last name)

_____
Given Name(s)

_____
Email Address

_____
Street Address

_____
City/Town

_____
Phone Number

_____
Province

_____
Postal Code

_____
Country

_____
Birthdate (MM-DD-YYYY)

SECTION B: INSTITUTIONAL INFORMATION

_____
Home University/Organization

_____
Home Department/School/Institute

_____
Carleton Department/School/Institute Supporting this Request

SECTION C: RATIONALE

Please explain below, the reason for recommending that the appointee be granted co-supervision status at Carleton University

Please explain below, the reason for NOT recommending this individual for the Rank of Adjunct Professor

SECTION D: DECLARATIONS and SIGNATURES

I recommend that the Faculty of Graduate and Postdoctoral Affairs approve the above-named individual to be a co-supervisor at Carleton University within the department listed in Section B of this form.

_____	_____	_____	_____	_____
Carleton Supervisor (Please Print)	Carleton Supervisor Signature	Month	Day	Year

I approve of this Appointment.

_____	_____	_____	_____	_____
Graduate Supervisor Name (Please Print)	Graduate Supervisor Signature	Month	Day	Year

I approve of this Appointment.

_____	_____	_____	_____	_____
Chair/Director Name (Please Print)	Chair/Director Signature	Month	Day	Year

Please send the completed form along with the appointee's CV to fgpa.ea@cunet.carleton.ca

FGPA Office Use Only

I approve of this Appointment.

_____	_____	_____	_____	_____
FGPA Dean Name (Please Print)	FGPA Dean Signature	Month	Day	Year

Revised: October 18, 2023

Carleton University, University Safety - Affiliate Application Form

The personal information requested on this form is collected in accordance with Sections 38(2) and 41(1) of the Freedom of Information and Protection of Privacy Act (FIPPA), R.S.O. 1990, c.F.31 as amended. The information provided will not be used for any purposes other than those stated upon this form unless the applicant provides express written consent. Should you have any questions concerning your personal information please contact Brian Billings, Director of University Safety, 203 Robertson Hall, (613) 520-2600 ext 8534. Carleton University is fully compliant with FIPPA and endeavors at all times to treat your personal information in accordance with this law.

Step 1: Enter the affiliate's current general person information below. **_All fields are required, with_** **the exception of nicknames and the email address.**

PLEASE PRINT CLEARLY, USING BLOCK LETTERS.

Last Name:	
First Name:	
Middle Name:	
Nicknames, if any:	
Birth Date:	Day(DD): _____ Month(MON): _____ Year(YYYY): _____
Gender:	
Address line 1:	
Address line 2:	
Address line 3:	
City:	**Prov:** **PostalCode:**
Telephone:	Area Code: _____ Number: _____ Ext: _____
Email (if available):	

Step 2: If the affiliate was a student, employee, etcetera at Carleton University in the past, please provide the information below. **_This information is needed to determine if the person is already in_** **the Carleton University database.**

Role	When *(approximate)*	Last Name *(if different from Step 1)*	First Name *(if different from Step 1)*	ID number *(if known)*

Step 3: To be completed by the sponsor. **_The affiliation period cannot exceed one year._**

Affiliation Type:	General, with campus card ⑥ Athletics ⑥ General, no campus card ⑥
Affiliation Effective Date:	Day(DD): _____ Month(MON): _____ Year(YYYY): _____
Affiliation Expiry Date:	Day(DD): _____ Month(MON): _____ Year(YYYY): _____
Affiliate Sponsor Department:	**Subgroup:**

Affiliate signature: _____ Date: _____

Sponsor Name: _____

Sponsor signature: _____ Date: _____

Data Entry Office Use Only

Affiliate Banner ID: _____

Updated By: _____ **Updated Date:** _____