



**UNIVERSITY OF TORONTO
LESLIE DAN FACULTY OF PHARMACY**

Graduate Faculty Associate (Restricted) Membership Application

Please submit the following in **1 PDF file** to the Graduate Office at pharm.sci@utoronto.ca.

<input type="checkbox"/> Application Form
<input type="checkbox"/> Curriculum Vitae (CV)
<input type="checkbox"/> Cover Letter briefly explaining the reasons for seeking the Graduate Faculty Membership in the Graduate Department of Pharmaceutical Sciences
<input type="checkbox"/> A letter of support from your Employer supporting your request for an appointment*
<input type="checkbox"/> A letter of support from a member of the Graduate Department of Pharmaceutical Sciences at the Leslie Dan Faculty of Pharmacy**

**For those with a primary academic appointment in another department/faculty or institution, this letter of support should come from the Chair of your primary department. It can also be sent as an email (see Appendix for a template).*

***A letter of support should specify the types of contributions which the appointee will make to the Faculty's graduate program. Contributions can include teaching, research, and service.*

Personal Information

Name			
Email		Phone Number	
Employer		Current Position	
Employer Address			

Education/Postdoctoral Training

Degree	Institution	Year

Academic Appointment

	Level	Department/Faculty/University	Start Date	End Date
Primary				
Secondary				

▶ What is [academic appointment](#)?

Graduate Faculty Membership

	Level	Department/Faculty/University	Start Date	End Date
Primary				
Secondary				

▶ What is [graduate faculty membership](#)?

OFFICE USE ONLY

Approved Level	<input type="checkbox"/> Full <input type="checkbox"/> Associate <input type="checkbox"/> Associate with Restricted Duties
Approval Date/Comments	

Application for Associate (Restricted) Membership

The term of **Associate (Restricted)** membership may be up to three years, subject to continued fulfillment of the duties of the membership.

TYPE OF APPLICATION

Associate (Restricted) Membership
<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL

PHARMACEUTICAL SCIENCES GRADUATE FACULTY MEMBERSHIP HISTORY (IF APPLICABLE)

Previous Membership	Start date – End date

ADVISORY CONTRIBUTION

List the current and former graduate students whom you have supervised or whose Advisory Committee you have served on (last 3 years). If this is a new application, list all from any university/department and if this is a renewal application, list only from the Graduate Department of Pharmaceutical Sciences.

Student Name	University/Department	Program of Study (e.g. MSc, MScPhm, PhD)	Role	Thesis/MScPhm Project Title (Supervisor Name)	Start date – End date

If available, provide the names of the graduate student(s) and their supervisor(s) on whose Advisory Committee(s) you will serve if appointed.

Student Name	Program of Study (MSc, MScPhm, PhD)	Supervisor(s)

TEACHING

Describe your participation in the teaching of graduate courses currently and in the last 3 years in the Graduate Department of Pharmaceutical Sciences or in other Departments.

Course Title	University/Department	Course Weight (e.g. 0.25 FCE, 0.5 FCE)	Topics	Role (e.g. coordinator, guest lecturer, TA)	Start date – End date

Describe your areas of expertise.

Describe scholarly achievements and how you have made substantive contributions to the field.

Appendix – Letter of Support from Employer

Date

The Graduate Appointments Committee
Department of Pharmaceutical Sciences
Leslie Dan Faculty of Pharmacy
University of Toronto
144 College Street
Toronto ON M5S 3M2

Dear Committee,

I am writing to support XX's new/renewal application for the Graduate Faculty Membership in the Graduate Department of Pharmaceutical Sciences.

If you have any question, please contact me at XX.

Sincerely,

Signature

Name

Title

Institution/Department