



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

Graduate Faculty Full/Associate 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	



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Graduate Faculty Membership Application – Interest Form

Graduate Faculty Members without restriction can become involved in a variety of activities. Please check all contributions of interest.

SUPERVISION	
<input type="checkbox"/>	Serve as the sole or major supervisor <input type="checkbox"/> <i>MSc</i> <input type="checkbox"/> <i>PhD</i> <input type="checkbox"/> <i>MScPhm</i>
<input type="checkbox"/>	Serve as the co-supervisor with a Full or Associate Member <input type="checkbox"/> <i>MSc</i> <input type="checkbox"/> <i>PhD</i> <input type="checkbox"/> <i>MScPhm</i>
ADVISORY	
<input type="checkbox"/>	Serve as an Advisory Committee Member <input type="checkbox"/> <i>MSc</i> <input type="checkbox"/> <i>PhD</i> <input type="checkbox"/> <i>MScPhm</i>
EXAMINATION	
<input type="checkbox"/>	Serve as Chair or Voting Member of a final oral examination committee
GRADUATE COMMITTEES	
<input type="checkbox"/>	Graduate Academic Standing Committee
<input type="checkbox"/>	Graduate Appointments Committee
<input type="checkbox"/>	Graduate Awards Committee
<input type="checkbox"/>	Graduate Curriculum & Assessment Committee
<input type="checkbox"/>	Graduate Recruitment Committee
<input type="checkbox"/>	Graduate Research In Progress (GRIP) Committee
GRADUATE TEACHING	
<input type="checkbox"/>	Lecture in graduate courses <input type="checkbox"/> <i>Course Module (0.25FCE)</i> <input type="checkbox"/> <i>Standing Course (0.5FCE – 1.0FCE)</i>
<input type="checkbox"/>	Coordinate graduate courses <input type="checkbox"/> <i>Course Module (0.25FCE)</i> <input type="checkbox"/> <i>Standing Course (0.5FCE – 1.0FCE)</i>
RESEARCH	
<input type="checkbox"/>	Supervise PharmD Research (e.g. PHM389)
<input type="checkbox"/>	Serve as a judge at Graduate Research In Progress (GRIP)
<input type="checkbox"/>	Serve as a judge at 3 Minute Thesis (3MT) Competition
<input type="checkbox"/>	Serve as a judge at Undergraduate Summer Research Program
DESIRED AFFILIATION	
<input type="checkbox"/>	Centre for Pharmaceutical Oncology (CPO) <input type="checkbox"/>
<input type="checkbox"/>	Centre for Practice Excellence (CPE)
<input type="checkbox"/>	WHO CC for Governance, Accountability, and Transparency in the Pharmaceutical Sector
SEMINAR PRESENTATION	
<input type="checkbox"/>	Graduate Departmental Seminar Series <input type="checkbox"/>
<input type="checkbox"/>	CPO Seminar Series
<input type="checkbox"/>	CPE Seminar Series <input type="checkbox"/>
<input type="checkbox"/>	WHO CC Seminar Series

Application for Full or Associate Membership

The term of **Full** or **Associate** membership may be up to five years or three years respectively, or concurrent with your University of Toronto academic appointment, subject to continued fulfillment of the duties of the membership.

TYPE OF APPLICATION

Full Membership		Associate Membership	
<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL

PHARMACEUTICAL SCIENCES GRADUATE FACULTY MEMBERSHIP HISTORY (IF APPLICABLE)

Previous Membership	Start date – End date

List the graduate sub-committee(s) you are part of, or other involvement/service (e.g. research event judge, seminar series presenter or chair) in the Graduate Department of Pharmaceutical Sciences.

Name of Committee	Role	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 5 years).

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

EXAMINATION CONTRIBUTION

List the Examination Committees in which you have served in the Graduate Department of Pharmaceutical Sciences (last 5 years).

Student Name	Supervisor	Type of Exam (e.g. MSc Final Oral Exam, MSc-PhD Transfer Exam, PhD Qualifying Exam)	Role (e.g. exam chair, external examiner)	Month / Year

FUNDING

List the previous major external awards over \$10,000 your trainees received under your supervision in the last 5 years.

Student Name	Funding Source	Program of Study (e.g. MSc, PhD, MScPhm)	Funding Start date – End date	Total Amount

List the current grants and/or research funding from which you receive operating funds, to inform the committee of your ability to support MSc students for a maximum of 2 years, PhD students for a maximum of 4 years, or 5 years for direct PhD students as per the departmental funding policy.

Funding Source	Your role (Principal Investigator, Co-applicant, etc.)	Funding Title	Funding Period (Month/Year)	Total Amount available for your students

List publications that resulted from work with graduate students at the Leslie Dan Faculty of Pharmacy during your last membership term. Bold your name, underline student for those you supervisor/co-supervisor and double underline for those you were advisory member for.

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TEACHING

Describe your participation in the teaching of graduate courses currently and in the last 5 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

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