(M)

TORONTO SCHOOL OF THEOLOGY

SESSIONAL INSTRUCTORS AND LIMITED CONTRACTUAL

APPOINTMENTS

APPROVAL OF

The Policy on TST Academic Appointments provides that the following three documents should normally be submitted. (If any document is unavailable, please attach an explanation.)

- 1. Current Curriculum Vitae. Please use the TST Template (http://www.tst.edu/academic/forms-faculty-administrators).
- 2. At least one letter of reference.
- 3. A statement of qualifications from the college head. This statement should verify the candidate's teaching skills, and should connect the candidate's academic expertise and experience to his or her proposed instructional duties.

Section 1 – Candidate Information to be completed by the COLLEGE or INSTITUTION requesting approval

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Last Name:	First Name:		Initial(s):		
College:	Length of Appointment:		Teaching Level(s):		
This person has previously been approved for	Restrictions:				
appointment in TST ending in					
The following information is to be includ	led on the TST website Faculty List	ing:			
College Email:	College Phone:	Phone: Area of specialization:			
Section 2 College Recommendation	n				
Section 2 – College Recommendatio			Data		
Name of College Official:	Signature of College Offic	cial:	Date:		
Section 2 - To be completed by the	TST Director granting the appr	oval at the BD level			
Section 3 – To be completed by the TST Director granting the approval at the BD level The Curriculum Vitae of this person has been reviewed and he/she					
Name of TST Director:(please print name)					
Signature:		Data:			
Section 3 – To be completed by the (If approval at the Graduate Level is being sought)	GCTS DIRECTOR, on behalf of t	the GCTS Appointments	Committee		
This person has NOT been approved	d to teach at the graduate level				
This person has been approved to t	each at the graduate degree level	as an			
Full Member					
Assoc	ciate Member				
Assoc	ciate Member (restricted duties)				
Term of appointment if different fro	om that stated in Section 1:				
Restriction:					
Name of GCTS Director:		(please print name)			
Signature:		Date:			
C S	Regular Faculty: Nominations shou Cross-listed Faculty: Nominations s itatus-only Appointments: Nomina Graduate Faculty Appointments: N	hould be sent to the TST Di ations should be sent to the	rector. TST Director.		

CV Attached:	Date Received:	Date sent for Review :	Date Entered onto Website:
🗌 Yes 📃 No			