TORONTO SCHOOL OF THEOLOGY

TST GRADUATE FACULTY STATUS REQUEST FORM

This form is to be used to request TST approval of graduate faculty status appointments for qualified candidates. Consult the GCTS Guidelines for Graduate Faculty Appointments for relevant policies and procedures. This form must be accompanied by the candidate's up-to-date CV.

Section 1: Candidate Information

Surname:	Given name:
Current academic rank/title: ☐ assistant professor ☐ associate professor ☐ full professor ☐ other:	
College of appointment:	UofT unit of appointment (if applicable):

Section 2: Details of Request

This is a:
☐ new request ☐ renewal of existing appointment ☐ request to change existing appointment

Requested graduate status:
☐ full ☐ associate ☐ associate (restricted) ☐ emeritus full ☐ emeritus associate

Note: Emeritus graduate status requires a previous status of Full or Associate Member at the time of retirement. An Emeritus member may fulfill any of the responsibilities of the level of appointment they held before retirement, except that any new thesis supervisions require the approval of the college and the GCTS Director.

Requested start date:	Requested end date:

Section 3: Rationale for Request

Candidate's research field / area of specialization:

Reason for appointment:
e.g., new tenure-stream hire; serving on a student's supervisory committee; teaching a specific graduate-level course. If you are requesting associate restricted status, list restrictions here.

Evidence of qualification:
Include a summary of the candidate's research profile and peer reception, especially elements that may not be immediately obvious in the CV. You may continue on a separate page if necessary.

Special circumstances: *Detail here any circumstances that may have interrupted the scholarly activity of the candidate, or should otherwise be taken into account in considering this request. You may continue on a separate page if necessary.*

Section 3: Signatures

I confirm that this appointment adheres to the standards and requirements of the *GCTS Guidelines for Graduate Faculty Appointments.*

Name of college official:		
Signature of college official:		Date:
Approved graduate status: ☐ full ☐ associate ☐ associate (restricted) ☐ emeritus full ☐ emeritus associate		
Restrictions (if any):		
Date of approval by GCTS Appointments Committee:	Approved appointment end date:	Date reported to AC:

Please forward the completed form along with the CV and other applicable documentation to the TST Registrar (tst.registrar@utoronto.ca).