



## REQUEST FOR FGSR ACCREDITATION

Supervision of graduate students, or instruction of graduate courses, is restricted to persons who are accredited as members of the Faculty of Graduate Studies and Research (FGSR) by the Dean of FGSR. Full information pertaining to FGSR Accreditation can be found at:

<https://www.uregina.ca/gradstudies/for-faculty-staff/accreditation/index.html>

### PERSONAL INFORMATION

Last or Family Name	First Name	Middle Initial	U of R Identification Number						
			Date of Birth:						
Department/Faculty: (For Federated Colleges please identify affiliated U of R department or faculty)									
Mailing Address:									
Email:									

### REQUEST (please select only one)

Effective Semester/Date:  Fall  Winter  Spring/Summer Year: \_\_\_\_\_  
(For a retiring U of R professor, the effective date is at least one year after the date of retirement.)

Please provide a current CV (electronic or link is encouraged) or attach additional documentation if needed.

Internal to the U of R	External to the U of R	
<input type="checkbox"/> Request to teach a single course outside of unit. Please state which course the member will teach.	<input type="checkbox"/> Adjunct Professor	<input type="checkbox"/> 3 years <input type="checkbox"/> 5 years
	<input type="checkbox"/> Retiring U of R Professor	
	<input type="checkbox"/> Elder	<input type="checkbox"/> 3 years <input type="checkbox"/> 5 years
<input type="checkbox"/> Change in status. Please explain change in status.	<input type="checkbox"/> Professional Associate	<input type="checkbox"/> 3 years <input type="checkbox"/> 5 years
		<input type="checkbox"/> Other
<input type="checkbox"/> Exceptional situation. Please give details about this exceptional situation	<input type="checkbox"/> Single Purpose Accreditation. Please give details of purpose.	

### APPROVAL

Department Head / Program Chair Name:		Department Head / Program Chair Signature		Date:
Approved: <input type="checkbox"/>	Line Faculty Dean's Printed Name:	Line Faculty Dean's Signature:	Date:	
Denied: <input type="checkbox"/>				
Approved: <input type="checkbox"/>	FGSR Approval:			Date:
Denied: <input type="checkbox"/>				