

Your Name

1233 Your Street | City, ON P0S C0D (519) 555-1234 name@uwindsor.ca

EDUCATION

Year of Grad. Title of Doctorate, University Department

Institution, City, Province

• Title of Dissertation or Thesis

• Supervisor

Year of Grad. Title of Master's Degree, University Department

Institution, City, Province

• Title of Thesis, Dissertation, or Major Project

Supervisor

Year of Grad. Title of Bachelor's Degree, University Department

Institution, City, Province

• Title of Thesis or Major Paper(s) (if applicable)

• Supervisor (if applicable)

HONOURS, AWARDS, AND GRANTS

Date Name of Award, Granting Body/Institution

List as many entries as relevant; consider including information regarding criteria and monetary value

RESEARCH INTERESTS

· Info

RESEARCH EXPERIENCE

Date – Date Position Title, Department

Institution, City, Province

Info

• Info

TEACHING EXPERIENCE

Date – Date Position Title, Course Name

Department, Institution, City, Province

Info

• Info

ADMINISTRATIVE EXPERIENCE (OR: ADDITIONAL EXPERIENCE/PROFESSIONAL EXPERIENCE)

Date – Date Position Title

Institution, City, Province

• Info

• Info

CONFERENCE PRESENTATIONS

Date "Title of Presentation," Name of conference or speaking engagement, City, Province/Country



CONFERENCES ATTENDED

Date Name of conference or speaking engagement, City, Province/Country

PUBLICATIONS

Last Name, First Name. "Title of Publication." Name of Journal or Book (Year). Use the appropriate reference style for your area of study (e.g. APA, MLA, Chicago, etc.)

ACADEMIC COMMITTEES/BOARDS

Date – Date Your Title, Department, Institution

MEMBERSHIPS

Date – Date Member, Organization/Association

LANGUAGES

List any additional languages here with your level of proficiency, written and oral

REFERENCES

Name, Title Relationship to you (if different from title) Organization Name Telephone number(s) indicating (H), (B), (C) Email address

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