



**GILEAD** | RESEARCH SCHOLARS

**HIV**

## **CERTIFICATION OF FACULTY APPOINTMENT**

By signing this document, I certify that the applicant,

\_\_\_\_\_  
(INSERT APPLICANT NAME HERE)

anticipates a full-time faculty appointment or an assistant professorship at

\_\_\_\_\_  
(INSERT INSTITUTION NAME HERE)

received on or after **January 15, 2015.**

Mentor signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

