

## CERTIFICATION OF FUTURE FACULTY APPOINTMENT

(If you hold a faculty appointment currently, please reference the form for current faculty appointment)

### To-Be Faculty Members

By signing this document, I certify that the applicant,

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

Anticipates receiving a full-time faculty appointment or an assistant professorship at

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

which will be received on, or before March 15, 2029.

The applicant's anticipated title is:

\_\_\_\_\_  
(INSERT APPLICANT'S TITLE)

Applicant Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mentor Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_