



GILEAD

Research
Scholars

HIV

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 November 15, 2022.

The applicant's anticipated title is:

(INSERT APPLICANT'S TITLE)

Applicant Name: _____ Signature: _____ Date: _____

Mentor Name: _____ Signature: _____ Date: _____