

**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 a faculty position equivalent to an assistant professorship) at

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

which will be received on, or before November 15, 2025.

The applicant's anticipated title is:

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

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

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