



GILEAD

Research
Scholars

HIV

CERTIFICATION OF FACULTY APPOINTMENT

(Please complete the section that applies to the applicant)

Current Faculty Members

By signing this document, I certify that the applicant,

(INSERT APPLICANT NAME)

currently holds a full-time faculty appointment or an assistant professorship at

(INSERT INSTITUTION NAME)

which was initially received on or after April 15, 2015.

The applicant's current title is:

(INSERT APPLICANT'S TITLE)

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 January 10, 2022.

The applicant's anticipated title is:

(INSERT APPLICANT'S TITLE)

Applicant Name: _____ Signature: _____ Date: _____

Mentor Name: _____ Signature: _____ Date: _____



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Creating Possible