



CERTIFICATION OF FACULTY APPOINTMENT

By signing this document, I certify that the applicant,

_____,
(INSERT APPLICANT NAME HERE)

anticipates a faculty appointment or an assistant professorship at

_____,
(INSERT INSTITUTION NAME HERE)

on or before January 18, 2019.

Mentor Signature: _____ Date: _____

Print name: _____

Applicant Signature: _____ Date: _____

Print name: _____