



GILEAD

Research
Scholars

Liver Disease

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 26 February 2024.

Mentor signature: _____ Date: _____

Print name: _____

Applicant signature: _____ Date: _____

Print name: _____



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Creating Possible