

MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES



NOMINATION FORM TO ADJUNCT STAFF POSITIONS

Nominating Department: _____

School/Directorate: _____

Position nominated to (tick)

- Honorary Lecturer
- Teaching Associate
- Teaching Assistant
- Visiting Professor

(to be filled by Head of Department)

(Nominee to fill Section 1, Section 2 to be filled by Head of Department and Section 3 by Dean of the School/Directorate)

SECTION ONE:

1.0 PERSONAL PARTICULARS:

1. Name in full:
2. Date of Birth:
3. Place of Birth:
4. Nationality:
5. Sex:
6. Marital status:
7. Contact Address:
 - (a) Postal Address:
 - (b) E-mail Address:
 - (c) Telephone Number:

1.1 EDUCATION/TRAINING: *(Begin with highest level of professional education post secondary level certification)*

INSTITUTION AND LOCATION	DEGREE	YEAR(s)	FIELD OF STUDY
---------------------------------	---------------	----------------	-----------------------

	CERTIFICATE		(if applicable)

1.2a EMPLOYMENT POSITIONS IN THE PAST THREE YEARS AND HONORS/AWARD

NAME OF INSTITUTION	POSITION	YEAR

1.2b HONORS/AWARDS *(If applicable)*

NAME OF AWARD	PLACE AWARDED	YEAR

1.3 PROFESSIONAL MEMBERSHIPS

NAME OF PROFESSIONAL BODY	YEAR OF REGISTRATION	REGISTRATION NUMBER

1.4 RESEARCH GRANTS AWARDED IN THE PAST FIVE YEARS

TITLE OF RESEARCH GRANT	GRANT SPONSOR	YEAR

--	--	--

1.5 PUBLICATIONS: *(In past 3 years)*

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

1.6 PERSONAL STATEMENT OF ACCEPTANCE OF NOMINATION:

Date: _____
Period of Nomination: Three years

Signature of Nominee

SECTION TWO: *(To be filled by Head of nominating Department)*

1. Briefly outline potential ways in which the university may benefit from this nomination:

2. Checklist for enclosed documents (tick)

- Copies of Academic transcripts and certificates of professional qualifications, including first and subsequent degrees
- Up to date detailed Curriculum Vitae
- Nominee has indicated in writing on this form acceptance of nomination.
- Written evidence of the willingness of the nominee's employer to accommodate students in industrial/laboratory or other field placement if relevant

Name of Head of Department: _____

Date: _____

Signature of the Head of Department

SECTION THREE: *(To be filled by Dean of School/Director of Teaching Directorate)*

1. COMMENTS ON HEAD OF DEPARTMENT'S NOMINATION

2. DEAN'S/DIRECTOR'S ASSESSMENT OF THE NOMINEE

Date: _____

Signature of the Dean/Director