

RECOMMENDATION FOR RENEWAL OF RESEARCH ASSOCIATE STATUS

Section A (TO BE COMPLETED BY RESEARCH ASSOCIATE)

TITLE	SURNAME	FIRST NAMES
Address	TELEPHONE NUMBERS	
	Home:	
	Work:	
	Cell:	
Code:	E-mail:	

Date: **Applicants Signature:**

Section B

Elaborate on the RA's contribution/accomplishments/outputs during the tenure of the appointment:

- i. Supervision of M/Ds.
- ii. Workshops facilitated.
- iii. Conference papers/accredited journals/books/chapters published.
.....

Kindly indicate the following:

- i. Nominee's disciplinary field (e.g. physics, public medicine, inorganic chemistry etc.):
.....
- ii. Nominee's research focus area/specialisation:
.....

1. Attach the following:

- Updated CV
- Biographical details form from HR website (please ensure that it is the most recent version)

2. SUBMIT FORM WITH SUPPORTING DOCUMENTS TO THE HEAD OF DEPARTMENT

Section C

RECOMMENDATION: DIRECTOR OF SCHOOL / HEAD OF DEPARTMENT

[illegible]

SIGNATURE

DATE _____

SUBMIT FORM AND SUPPORTING DOCUMENTS TO THE Faculty Committee FOR DECISION

(To be completed by Committee secretary)

RECOMMENDATION BY Faculty Committee

RECOMMENDED:(√)

NOT RECOMMENDED:(✓)

DATE

SIGNATURE

SUBMIT COMPLETED FORM WITH SIGNATURES + SUPPORTING DOCUMENTATION TO
[**VISHA.COOPASAMY@MANDELA.AC.ZA**](mailto:VISHA.COOPASAMY@MANDELA.AC.ZA)

PASTE EXTRACT OF THE MINUTES OF Committee Resolution IN THE BLOCK BELOW

[illegible]