

RECOMMENDATION FOR RENEWAL OF RESEARCH ASSOCIATE STATUS

Section A (TO BE COMPLETED BY RESEARCH ASSOCIATE)

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

DATE..... **SIGNATURE**.....

- 1) **Attach the following:**
 - Updated CV
 - Biographical details form from HR website (please ensure that it is the most recent version)
- 2) **SUBMIT FORM AND SUPPORTING DOCUMENTS TO THE HEAD OF DEPARTMENT**

Section B

RECOMMENDATION: DIRECTOR OF SCHOOL / HEAD OF DEPARTMENT

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Kindly indicate the following:

i. Nominee’s disciplinary field (e.g. physics, public medicine, inorganic chemistry etc.):

ii. Nominee’s research focus area/specialisation:

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DATE

SIGNATURE

SUBMIT FORM AND SUPPORTING DOCUMENTS TO THE FRTI FOR DECISION

Section C (To be completed by FRTI secretary)

RECOMMENDATION BY FRTI

RECOMMENDED:

NOT RECOMMENDED:

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DATE

.....
SIGNATURE

SUBMIT FORM + SUPPORTING DOCUMENTATION + EXTRACT OF FRTI MINUTES TO MS A DENAKIE (RCD OFFICE)