

FEDERAL UNIVERSITY OF HEALTH SCIENCES, ILA-ORANGUN

HUMAN RESOURCES DIVISION



KM 4 ORA ROAD,
PMB 204, ILA-ORANGUN,
Osun State.
Website: www.fuhsi.edu.ng
e-mail: hr@fuhsi.edu.ng
Telephone: +23408065696753

CONFIRMATION OF APPOINTMENT FOR ACADEMIC STAFF

FACULTY

DEPARTMENT

Recommendation for Confirmation of Appointment of:

Name:

Quality of Teaching:

Quality of Research:

Quality of Publication:

General Recommendations:

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I hereby recommend that her appointment be confirmed/ Not Confirmed

Name and Signature of Head of Department:

Signature: Date:

Faculty Recommendation:

Name and Signature of Dean of Faculty:

Signature: Date:

Provost College of Medicine Recommendation: (Where Applicable)

Name and Signature of Provost:

Signature: Date: