

**2020 Renewal**

# 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)**
1. **SUBMIT FORM AND SUPPORTING DOCUMENTS TO THE HEAD OF DEPARTMENT**

**Section B**

#### **RECOMMENDATION: DIRECTOR OF SCHOOL / HEAD OF DEPARTMENT/DIRECTOR CMR**

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

..............................................................................................................................................................................................................................................................................................................................

**Kindly indicate the following:**

1. **Nominee’s disciplinary field (e.g. physics, public medicine, inorganic chemistry etc.):**
2. **Nominee’s research focus area/specialisation:**

………………………… …………..……………………

**SIGNATURE DATE**

**SUBMIT FORM AND SUPPORTING DOCUMENTS TO THE FREC FOR DECISION**

***Section C (To be completed by FREC secretary)***

#### RECOMMENDATION BY FREC

RECOMMENDED:(√)

NOT RECOMMENDED:(√)

…………………………… ……………………………..…………………………..

***DATE SIGNATURE***

**SUBMIT FORM + SUPPORTING DOCUMENTATION + EXTRACT OF FREC MINUTES TO MRS VISHA COOPASAMY (RSM OFFICE)**