

UNIVERSITY OF HEALTH AND ALLIED SCIENCES
ACADEMIC STAFF RENEWAL OF APPOINTMENT

(a) PERSONAL PARTICULARS

1. Name: _____

2. Department: _____

3. Degrees, Honours, and other Qualifications (with dates and awarding Institutions):

4. Present Appointment: _____

Date of Appointed to this position: _____

(b) STATEMENT OF WORK DONE SINCE LAST CONTRACT /RENEWAL YEAR

5. Teaching (including an account of innovations or initiatives that you regard as important):

6. Research and Consultancy (an account of work in progress and work completed since last contract/renewal):

7. Other (Academic/Professional) Activities: (Conferences, Workshops, etc.):

- 8. Publications and other works: Attach separate list(s)
 - 8.1 Refereed Publications and Books (with dates and publishers):
 - 8.2 Others: (including Reports, Conference presentations, etc.):

9. Extension Activities:

Signature

Date

10. Comments by Head of Department:

11. Recommendation:

Head of Department's Signature

Date

12. Comments by School Appointments Review Committee:

13. Recommendation by School Appointments Review Committee:

Dean's Signature

Date