



DHOFAR UNIVERSITY

Work Commencement

New Positions 20 - 20

Name: -----

Nationality: -----

College/Department: -----

Position Title: -----

Date of starting work: / / 20

Signature: -----

Approval of Direct Supervisor

Name: -----

Signature: -----

Date: -----

Approval of VC/DVC/Dean/ Director:

Name: -----

Signature: -----

Date: -----