Source of Health insurance:

Postgraduate Reappointment Application 2nd Year

INSTRUCTIONS: A second year in the postgraduate rank is approved only under special circumstances. Submit this application to *postdoc.affairs@yale.edu* at least 60 days prior to the end of the first year.

The application must be completed by the faculty mentor and/or departmental representative.

1. General Informat	ion				4	
Applicant Name:		Faculty 1	Mentor Name:			
First	Last			First		Last
Nation of Citizenship:		Departm	ent:			
Highest Degree Earned:		Lab Add	lress (Bldg & R	.m):		
2. Non-Student appo Complete this section only if the car institution. <i>Personal funds cannot be</i>	ndidate is not curr	ently enrolled		anting pro	gram at aı	nother
Duration of appointment:	Weeks	M	onths	Year (ma	aximum of 1 y	year)
Proposed start and end dates of app	oointment:					
Funding sources (at least \$3,700/month):			Name of Sour	rce	Monthly	y Amoun
		Yale:				
	Fello	owship:				
		Other:				
		_	TOTAL per	month:		

Other:

Yale:

Approved

Type of Appointment: Postgraduate Associate

Postgraduate Reappointment Application 2nd Year

3. YEAR TWO of training: Non-Student

Note below the educational goals of the appointee and how the additional year in the postgraduate rank would help the appointee achieve these goals. Describe the new training the appointee would receive.

Educational Goal:	Current Status:				
Masters Ph.D.	already applied to: list up to 3 school names				
M.D. M.D./Ph.D	already admitted to: list up to 3 school names				
Other degree:	will apply within 6 months				
Training Plan:					
The department confirms that the trainee will <u>not</u> perform duties normally expected of Yale staff.					
Name of Yale personnel completing application:	Date:				
Name of HR Generalist:	Name of Lead Administrator:				
For Postdoctoral Affairs use only					

Postgraduate Fellow Office for Postdoctoral Affairs Modified 4/2025

Signature:

Date:

Not Approved