

**Postgraduate Rank:** The Postgraduate appointment rank may be used to invite individuals without doctoral degrees, but please note they must have at least a bachelor's degree, to Yale for advanced training under a ladder rank faculty mentor. Appointments are preceded by this application and must be submitted to the Office for Postdoctoral Affairs for approval prior to extending an invitation to the candidate AND prior to requesting a visa through OISS. **Postgraduate Associates:** funded by Yale-administered research grants, contracts, or other University sources to provide services related to the supported research, they are employees of the University even though they are considered trainees. **Postgraduate Fellows:** funded by an award to the appointee from an outside source. They are also trainees, but they are not Yale employees. Postgraduate appointments are short-term, one-year appointments. Reappointment for a second year requires a completed postgraduate reappointment application with an updated training plan. The two types of Postgraduate appointments at Yale are as follows:

**1. Visiting Student Appointments, School of Medicine only:** Candidates who are currently matriculated in a degree-granting program at another institution. Candidates whose Yale faculty mentors hold Graduate School appointments including School of Nursing, School of Management, and School of the Environment, must apply directly to the Graduate School's Division of Special Registration and are ineligible for this type of Postgraduate appointment. Postgraduate Associates in this category paid from university funds or university-administered grants, compensation may be as high as but not exceed the stipend amount provided to students enrolled in Yale's BBS graduate student program. Requirements and additional documentation to include with the application: **Health insurance:** If the candidate's source of health insurance is not Yale, please provide proof of insurance with dates that cover the entire appointment. **Stipend:** A stipend of at least **\$3,200 per month** is required. If the funding source is outside of Yale e.g., fellowship, personal funds (bank statement), home institution, outside government or another not-for-profit, please provide proof of funding alongside your application. If this is in a foreign currency, please provide the currency conversion to U.S. dollars. **CV:** Please provide a most up to date version of the candidate's CV

**2. Non-Student Appointments:** Candidates who are not currently matriculated in a degree-granting program at another institution. **Requirements and additional documentation to include with the application: Health insurance:** If the candidate's source of health insurance is not Yale, please provide proof of insurance with dates that cover the entire appointment. **Stipend:** A stipend of at least **\$3,500 per month** is required. If the funding source is outside of Yale e.g.,fellowship, home institution, outside government or another not-for-profit, please provide proof of funding alongside your application. If currency is in a foreign currency, please provide the currency conversion to U.S. dollars Please note, personal funds are not eligible for non-student Postgraduate appointments. **CV:** Please provide a most up to date version of the candidate's CV

*Visiting medical students and Physician Associate students who wish to do a clinical rotation are also ineligible and should apply to the 'Clinical Electives Program' through the YSM Office of Student Affairs or the Yale Physician Associate Program.*

\* Use Adobe Acrobat to complete this form electronically.

Reset Form

INSTRUCTIONS: This form should be completed in Adobe Acrobat and submitted via email to *postdoc.affairs@yale.edu*. The application must be approved by the Office for Postdoctoral Affairs prior to inviting candidates to be postgraduate appointees. Note that this application is NOT required of clinical trainees in the Department of Psychiatry and the Child Study Center.

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

## 1. General Information

Applicant Name:	<input type="text"/>	Faculty Mentor Name:	<input type="text"/>
	First Last		First Last
Nation of Citizenship:	<input type="text"/>	Department:	<input type="text"/>
Highest Degree Earned:	<input type="text"/>	Lab Address (Bldg & Rm):	<input type="text"/>

## 2-A. Visiting Student appointments only

Complete this section ONLY if the candidate is currently matriculated in a degree-granting program at another institution.

Home Institution:	<input type="text"/>		
Address of Institution:	<input type="text"/>		
	City	Nation	
Degree being pursued:	<input type="radio"/> M.A./M.S. <input type="radio"/> M.D. <input type="radio"/> Ph.D. <input type="radio"/> Other: <input type="text"/>	Expected graduation date:	<input type="text"/>
Duration of appointment:	<input type="text"/> Weeks	<input type="text"/> Months	<input type="text"/> Year (maximum of 1 year)
Proposed start and end dates of appointment:	<input type="text"/>		
Funding sources (at least \$3,500/month)	Yale	Name of Source	Amount per month
	Fellowship	<input type="text"/>	<input type="text"/>
	Home Institution	<input type="text"/>	<input type="text"/>
	Personal Funds	<input type="text"/>	<input type="text"/>
		TOTAL per month:	<input type="text" value="\$0"/>
Source of Health insurance:	<input type="radio"/> Yale <input type="radio"/> Home Institution <input type="radio"/> Other: <input type="text"/>		

-Please see next page-

## 2-B. Non-Student appointments

Complete this section ONLY if the candidate is not currently matriculated in a degree-granting program at another institution. *Personal funds are not allowable for these types of appointments.*

Duration of appointment:  Weeks  Months  Year (maximum of 1 year)

Proposed start and end dates of appointment:

Funding sources (at least \$3,200/month):	Yale	Name of Source	Amount per month
		<input type="text"/>	<input type="text"/>
	Fellowship	<input type="text"/>	<input type="text"/>
	Other	<input type="text"/>	<input type="text"/>
	TOTAL per month:		<input type="text" value="\$0"/>

Source of Health insurance:  Yale  Other:

## 3. YEAR ONE of training

Detail the **education**, **training**, and **mentoring** the appointee will receive. For visiting students, explain how the training relates to the degree program at the home institution.

The department confirms that the trainee will not 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**

Approved  Not Approved  Signature:  Date:

Type of Appointment: Postgraduate Associate  Postgraduate Fellow