

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 Information

Applicant Name:

First

Last

Faculty Mentor Name:

First

Last

Nation of Citizenship:

Department:

Highest Degree Earned:

Lab Address (Bldg & Rm):

2. Non-Student appointments Only

Complete this section only if the candidate is not currently enrolled in a degree-granting program at another institution. *Personal funds cannot be used 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 \$3,700/month):

Name of Source

Monthly Amount

Yale:

Fellowship:

Other:

TOTAL per month:

Source of Health insurance: Yale:

Other:

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:

Masters Ph.D.
M.D. M.D./Ph.D
Other degree:

Current Status:

already applied to: list up to 3 school names
already admitted to: list up to 3 school names
will apply within 6 months

Training Plan:

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:

<i>For Postdoctoral Affairs use only</i>			
Approved	Not Approved	Signature:	Date:
Type of Appointment: Postgraduate Associate		Postgraduate Fellow	