

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 should 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-A. Visiting Student appointments only

Home Institution:

Address of Institution:

City

Nation

Degree being pursued:

M.A./M.S.

Expected graduation date:

M.D.

Ph.D.

Other

Proposed Start and End dates of appointment (maximum of 1 year):

Funding sources (at least \$2,975/month)

Yale

Name of Source

Amount per month

Fellowship

Home Institution

Personal Funds

TOTAL per month:

Source of Health insurance:

Yale

Home Institution

Other:

2-B. Non-Student appointments only

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.*

Proposed Start and End dates of appointment (maximum of 1 year):

Name of Source

Amount per month

Funding sources (at least \$2,975/month):

Yale

Fellowship

Other

TOTAL per month:

Source of Health insurance:

Yale

Other:

-Please see next page-

3-A. YEAR TWO of training: Visiting Student

Detail the reasons why a second year is requested. Also provide an updated research and training plan.

3-B. 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:

For Postdoctoral Affairs use only

Approved

Not Approved

Signature:

Date:

Type of Appointment: Postgraduate Associate

Postgraduate Fellow