

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. M.D. Ph.D. Other	Expected graduation date:		
Proposed Start and End dates of appointment (maximum of 1 year):				
Funding sources (at least \$3,500/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):				
Funding sources (at least \$3,500/month):	Yale	Name of Source	Amount per month	
	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 with 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