



**UNIVERSITY OF CALIFORNIA, RIVERSIDE
GRADUATE DIVISION**

POSTDOCTORAL SCHOLAR APPOINTMENT FORM

This form should be completed on any one who is a Postdoctoral Scholar
Please complete this form and return to Graduate Division, University Office Building

Name: _____

Department: _____

Major Professor/Principal Investigator: _____

Location of workplace if not at UCR (ex., CERN, Switzerland) _____

Institution PhD Awarded (and location) _____

Date PhD Awarded (month/day/year) _____

Previous Postdoc Experience and dates of employment (list only positions after PhD awarded):

1. Institution _____

Date Began (month/day/year) _____ Date ended (month/day/year) _____

2. Institution _____

Date Began (month/day/year) _____ Date ended (month/day/year) _____

3. Institution _____

Date Began (month/day/year) _____ Date ended (month/day/year) _____

Please indicate citizenship status below (check one):

US Citizen	<input type="checkbox"/>
Permanent Resident	<input type="checkbox"/>
Nonresident Alien/Foreign	<input type="checkbox"/>

Please indicate ethnic category below if US Citizen or Permanent Resident (check one only):

Hispanic/Latino	<input type="checkbox"/>
American Indian/Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>
White/Caucasian	<input type="checkbox"/>
Other	<input type="checkbox"/>

EMAIL ADDRESS _____