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
Permanent Resident
Nonresident Alien/Foreign

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

Hispanic/Latino
American Indian/Alaska Native
Asian
Black/African American
Native Hawaiian/Other Pacific Islander
White/Caucasian
Other

EMAIL ADDRESS _______________________________________________________

Revised 10/01/2016