

COM/MCI POSTDOCTORAL FELLOW REQUEST

Last Name: _____ First Name: _____ M.I.: _____

E-mail Address: _____

Ph.D. Award Date: _____

INTERNATIONAL STUDENTS – Visa Status: J1 Visa OPT H-1B Other: _____

Mother's Maiden Name: _____ International ID: _____

Principal Investigator: _____

Proposed Dates of Employment: Start _____ End _____

Description of Research Project with Fellows responsibilities and Supervisor (if not the PI):

Funding Source and % Effort: _____

If grant funded, give grant expiration date: _____

Salary Amount:

\$56,484 (0 yrs. exp.) \$56,880 (1 yr. exp.) \$57,300 (2 yrs. exp.)

\$59,592 (3 yrs. exp.) \$61,572 (4 yrs. exp.) \$63,852(5 yrs. exp.)

Other: \$ _____ Explanation: _____

Department FOAP for Background Check (**cannot** be charged to a grant): _____

Copy of Job Description attached (as required by the Office of Immigration and International Admissions)

Copy of Curriculum Vitae attached

Appointment Form attached

Offer Letter attached

Background Check Form attached

Budget/Grant Information approved by Dept.

PI's Name – please print

PI's Signature

Date

Approved

Changes Requested – Explanation: _____

Robert Barrington, Ph.D.
Office of Research Education and Training

Date

Shanoa Reed, Ed.D.
Office of Research Education and Training

Date