

FORM TO APPOINT POST-DOCTORAL ASSOCIATES AND FELLOWS

____ POST-DOCTORAL ASSOCIATE ____ POST-DOCTORAL FELLOW

(Check applicable category)

All information must be typed

Unit/Center					
Department					
Faculty Superv	visor				
Appointee					
PhD Date/Inst	itution				
If Rutgers PhD	recipient plea	ase indicate name of	research advisor	r and program	
A current currie	culum vitae (for a	ull appointees) and three atta	e letters of recommen ched	ndation (for new	appointees) must be
	Term:	□Appointment	Reappoint	tment:	
	Effective Date	e: From	to		
	Amount of A	nnual Stipend			
	Source of Stip	pend (Check applicabl	e category)		
□ Instruction	al – General L	.edger			
		Fund Type		(6 digits)	(3 digits)
		oral appointments must the Executive Dean of SA		thorized account	that has been
Dates of Previ	ous Post-Doct	oral Appointments a	t Rutgers (canno	ot exceed 5 yea	rs)
Duties will con	nsist of				
Please type name	and then signatu	ire			
Faculty Supervisor					2
Department Chair					9
Budget Approval					
Area Dean				Date	