

COM/MCI POSTDOCTORAL FELLOW REQUEST

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

Email 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

The postdoc salary will be **\$61,008**, as currently mandated by the Whiddon College of Medicine.

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

Offer Letter attached

Budget/Grant Information approved by Dept.

Appointment Form attached

Background Check Form attached

PI's Name – please print

PI's Signature

Date

Approved

Changes Requested- Explanation:

Robert Barrington, Ph.D. **Date**

Director, Office of Research Education and Training

Alani Rodgers, Ed.D. **Date**

Assistant Director, Office of Research Education and Training