

# Postdoctoral Scholar Appointment Form

Please return this form to Academic Services, 1255 Murphy Hall, MC 142801  
 Questions? Call x 53819 or e-mail [postdoc@grad.ucla.edu](mailto:postdoc@grad.ucla.edu)

Appointment Action \_\_\_\_\_

## Scholar Information

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

University ID # \_\_\_\_\_

Health Insurance Enrollment \_\_\_\_\_

If Other, please specify and attach proof of coverage \_\_\_\_\_

**Appointment Action Justification:** Briefly identify the program of research, reason for a reappointment request, or reason for revision

**Period of Appointment** from \_\_\_\_\_ to \_\_\_\_\_ If reappointment, initial date of appointment \_\_\_\_\_  
 (dates must match EDB)

## Contact Information

Department or Unit \_\_\_\_\_ Phone \_\_\_\_\_

Department Code \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Mail Code \_\_\_\_\_

## Postdoctoral Support Packages

EDB Title Code	Percent Effort (Time)	Monthly Dollar Amount	Funding Institution/ Agency Name	Appointment Dates	
				from	to
	%				
	%				
	%				
<b>Total</b>	<b>%</b>				

**Recommended by the Faculty Mentor**

I certify that the individual named meets the University and Departmental criteria for enrollment in this program of research and training.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

University ID # \_\_\_\_\_

Date \_\_\_\_\_

**Recommended by Department Chair or Unit Head**

I certify that the individual named meets the University and Departmental criteria for enrollment in this program of research and training.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

For Graduate Division use only:

Approved      By: \_\_\_\_\_      Date: \_\_\_\_\_

Declined