



**University of South Alabama
Postdoctoral Fellow Appointment Form**

Appointment Action: New End Extend Other Revision: _____
(e.g., change of Mentor/Department)

Postdoctoral Fellow Information

Name: _____
(Last, First, Middle)

J Number: _____

Local Address: _____

Campus Email: _____
Other Email: _____

Residency Status:

US Citizen
 Permanent Resident
 USCIS Number: _____
 Visa Holder Type: _____
 Expiration: _____
 USCIS/I-94 Number _____

Gender: Male Female

Mentor Information

Name: _____

College/Institute: _____

Department: _____

Department Address: _____

Telephone: _____

Email Address: _____

Program of Research: *(Briefly describe the program of research the fellow will be conducting)*

Rationale for Extension or Other Change: *(Briefly describe the rationale for the request.)*

Appointment Period: Begin: _____ End: _____ Extension to: _____
(Month/Day/Year) (Month/Day/Year) (Month/Day/Year)

Required Signatures:

Postdoctoral Fellow

Date

By signing, the fellow agrees to adhere to all relevant University policies.

Faculty Mentor

Date

Department Chair

Date

Dean/College or School

Date

RETURN FORM TO: Office of Postdoctoral Education, AD 300 or email postdoc@southalabama.edu.