FORM TO APPOINT POST-DOCTORAL FELLOWS AND ASSOCIATES

POST DOCTORAL ASSOCIATE (eligible for medical benefits)    POST DOCTORAL FELLOW (not eligible for medical benefits)

(Check applicable category)

Unit/Center

Department

Faculty Supervisor

Appointee

Ph.D. Date/Institution

If Rutgers Ph.D. recipient please indicate name of research advisor and program

**Attach the following:**  A current curriculum vitae (for all appointees); three letters of recommendation (for new appointees); copy of original Ph.D. (for recent graduates of the Ph.D. program).

Terms of Yearly Appointment and Reappointment:

Effective Date: From _ __________ To ______________

Amount of Annual Stipend ________________________

Source of Stipend

<table>
<thead>
<tr>
<th>Account</th>
<th>Position Number</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>(900 - Post Doctoral Associates)</td>
</tr>
<tr>
<td></td>
<td>(997 - Post Doctoral Fellows)</td>
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</tbody>
</table>

All state funded post-doctoral appointments must be charged to an authorized position that has been approved by the Associate Dean and the Dean of FAS and Graduate School.

Dates of Previous Post-Doctoral Appointments at Rutgers:

Nature of Study and Research Program:

Faculty Supervisor ________________________ Date __________

Associate. Dir. of Administration Pauline Mustacciolo Date __________

Department Chair/Director Eric Garfunkel Date __________

Area Dean ________________________ Date __________

Dean FAS & Graduate School ________________________ Date __________

A copy of this completed form must be attached to the P.A.F.