



**UNIVERSITY OF CALIFORNIA, RIVERSIDE
GRADUATE DIVISION**

POSTDOCTORAL SCHOLAR APPOINTMENT FORM

This form should be completed on any one who is a postdoctoral scholar

Please complete this form and return to Linda G. Scott, Graduate Division, University Office Building, Room 136 (827-3387)

NAME: _____ Last Name First Name Middle	Social Security Number:
E-MAIL ADDRESS:	Payroll ID Number:
CAMPUS PHONE NUMBER:	

Graduate Degrees Earned:

DEGREE	COLLEGE OR UNIVERSITY	LOCATION	DATE AWARDED

Previous Postdoc Experience:

INSTITUTION, LOCATION	DATE BEGAN	DATE ENDED

Citizenship Status: <input type="checkbox"/> U.S. Citizen(1) <input type="checkbox"/> Permanent Resident/Alien(2) <input type="checkbox"/> Nonresident Alien/Foreign(3)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date: YEAR / MONTH / DAY
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Indicate Ethnicity Code from the Following Categories: _____

- | | |
|---|---|
| <input type="checkbox"/> American_Indian/Native_American/Alaskan_Native=A | <input type="checkbox"/> Black/African_American=B |
| <input type="checkbox"/> Caucasian=P | <input type="checkbox"/> Chicano/Mexican_American=C |
| <input type="checkbox"/> Chinese=D | <input type="checkbox"/> Decline to State=E |
| <input type="checkbox"/> East_Indian/Pakistani=F | <input type="checkbox"/> Japanese=G |
| <input type="checkbox"/> Korean=H | <input type="checkbox"/> Latino/Other_Spanish=J |
| <input type="checkbox"/> Other=K | <input type="checkbox"/> Other_Asian=N |
| <input type="checkbox"/> Pacific_Islander=M | <input type="checkbox"/> Philipino=L |

Academic department, program or research unit with which you are associated at UCR:

Source of Support:

- Federal Gov't (01) If Federal, is this a ___Fellowship ___Traineeship, or ___Research Grant
- State/Loan Government (02)
- Private Agency/Business or Industry (03)
- UC Campus/Institutional Fund (04)
- Foreign Government (05)
- Self-Supported (06)
- Other (07) Specify: _____

Name of Faculty Sponsor:

Period of Postdoctoral Status: From (date) _____ to (date) _____

Person completing this form : _____ Phone Number: _____ Date: _____