

FORM TO APPOINT POST-DOCTORAL ASSOCIATES AND FELLOWS

____ POST-DOCTORAL ASSOCIATE ____ POST-DOCTORAL FELLOW

(Check applicable category)

All information must be typed

Unit/Center	
Department	
ROCS Posting #:	
Faculty Supervisor	
Appointee	
PhD Date/Institution	
If Rutgers PhD recipient please indicate name of research advisor and program	
A current curriculum vitae (for all appointees) and three letters of recommendation (for new appointees) mu attached	st be
Term:	
Effective Date: From to	
Amount of Annual Stipend	
Source of Stipend (Check applicable category)	
☐ Instructional – General Ledger or ☐ Project Task	_
Fund Type (6 digits) (3 digit	
All Instructional funded post-doctoral appointments must be charged to an authorized account that has been approved by the Area Dean and the Executive Dean of SAS	
Dates of Previous Post-Doctoral Appointments at Rutgers (cannot exceed 5 years)	
Duties will consist of	
Please type name and then signature	
Faculty Supervisor Date	
Department Chair Date	
Budget Approval Date	
Area Dean Date	