



**UNIVERSITY OF CALIFORNIA, RIVERSIDE  
GRADUATE DIVISION**

**POSTDOCTORAL SCHOLAR APPOINTMENT FORM-2015**

This form should be completed on any one who is a Postdoctoral Scholar  
Please complete this form and return to Graduate Division, University Office Building

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Major Professor/Principal Investigator: \_\_\_\_\_

Location of workplace if not at UCR (ex., CERN, Switzerland) \_\_\_\_\_

Institution PhD Awarded (and location) \_\_\_\_\_

Date PhD Awarded (month/day/year) \_\_\_\_\_

Previous Postdoc Experience and dates of employment (list only positions after PhD awarded):

1. Institution \_\_\_\_\_

Date Began (month/day/year) \_\_\_\_\_ Date ended (month/day/year) \_\_\_\_\_

2. Institution \_\_\_\_\_

Date Began (month/day/year) \_\_\_\_\_ Date ended (month/day/year) \_\_\_\_\_

3. Institution \_\_\_\_\_

Date Began (month/day/year) \_\_\_\_\_ Date ended (month/day/year) \_\_\_\_\_

Please indicate citizenship status below (check one):

US Citizen	<input type="checkbox"/>
Permanent Resident	<input type="checkbox"/>
Nonresident Alien/Foreign	<input type="checkbox"/>

Please indicate ethnic category below if US Citizen or Permanent Resident (check one only):

Hispanic/Latino	<input type="checkbox"/>
American Indian/Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>
White/Caucasian	<input type="checkbox"/>
Other	<input type="checkbox"/>