



**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.