

- NEW APPOINTMENT
- REAPPOINTMENT
- STIPEND CHANGE

THE UNIVERSITY OF CHICAGO
POST DOCTORAL FELLOWSHIP APPOINTMENT REQUEST

Note: for Postdoctoral Fellow—Paid Direct:
 Please attach Fellow's CV and Award/Funding letter to this Request, and forward to the Office of the Provost for consideration

Name of Fellow: _____
(last) (first) (middle/maiden)

Department name: _____

To:

Requested by:

Date:

Period of Appointment:

Stipend Amount:

Funding source (name of grant/fellowship/award):

Supervising faculty member:

Description:

CONFIRMATION AND ACCEPTANCE.

- (a) By signing below, each of the undersigned represents that each of the following statements is true to the best of his or her knowledge:
1. The terms under which the University received the funds used for this fellowship permit the University to use such funds for such purpose.
 2. This fellowship is granted for the purpose of aiding the Fellow or trainee in the pursuit of study or training to advance the education and training of the Fellow.
 3. No part of the stipend or other funds payable hereunder represents compensation for past, present or future services by the Fellow for the University, the grantor or any other person or entity.
 4. None of the Fellow, the University, or any organization funding any part of the stipend for this fellowship has made any employment commitments.

Department Chair: [NAME]	Dean: [NAME]
Date:	Date:

For PDF—Paid Direct:

Approved for Office of the Provost:
Date: