

## POSTDOCTORAL SCHOLAR APPOINTMENT FORM

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:		
Location of workpl	ace if not at UCR (ex.,	CERN, Switzerland)
Date PhD Awarded	l (month/day/year)	
Previous Postdoc E	experience and dates of	employment (list only positions <u>after</u> PhD awarded):
1.Institution		
		Date ended (month/day/year)
Date Began (r	nonth/day/year)	Date ended (month/day/year)
3.Institution		
		Date ended (month/day/year)
Please indicate citi	zenship status below (c	check one):
	Zenomp status cere ( (e	
US Citizen		
Permanent		
Nonresiden	t Alien/Foreign	_
Please indicate ethi	nic category below if U	S Citizen or Permanent Resident (check one only):
Hisnonia/La		
Hispanic/Latino American Indian/Alaska Native		
Asian	101an/Alaska Native	
	<u> </u>	
Black/Afric		ander
Black/Afric	aiian/Other Pacific Isla	ander