

Postdoctoral Scholar Appointment Amendment Form

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| Name | <input type="text"/> |
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Amendment to the following:

- Appointment Dates
- Funding Source
- Salary Rate
- Titlecode
- Research Project

- Early Termination
- Home Department
- Name Change
- Supervisor/PI
- Work Location

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|-------------------------------------------------------------------------------|----------------------|
| Details of change requested (to/from) and reason for change(s) in appointment | <input type="text"/> |
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I concur with the changes to the appointment:

| | |
|--------------------------------------------|----------------------|
| Scholar Name, Signature and Date | <input type="text"/> |
| Supervisor Name, Signature and Date | <input type="text"/> |

For Office of Postdoctoral Scholar Affairs use only:

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|--------------------------------|----------------------|
| <input type="radio"/> Approved | <input type="text"/> |
| <input type="radio"/> Declined | |
| Decision Comments | <input type="text"/> |
| Graduate Division Dean | <input type="text"/> |