

Postdoctoral Associate Extension Request

Submit completed form to Director of Postdoctoral Affairs, b.hollister@ufl.edu

Date:

Postdoc's Name:

UFID:

Postdoc's Current Department:

College/Unit:

Department ID:

If Applicable

Postdoc's New Department:

College/Unit:

Department ID:

Postdoc's Original Appointment Date:

Postdoc's Requested Extension Date:

Attached (copies of all items must be attached):

Justification for Extension

Individual Development Plan

Exit/Transition Plan

Copies of annual evaluations

Signatures

Postdoctoral Associate: _____

PI's Name and Email:

Approval:

Dean's Name:

Approval:

Associate Provost' and Dean of the Graduate School's Approval: _____