

## **POSTDOC TEACHING APPROVAL FORM**

This Approval Form is to be used for Postdoctoral Research Scientists/Scholars and Fellows (“Postdocs”) who plan to teach a for-credit course at the University.

### **DIRECTIONS:**

All signatures must be obtained before the Postdoc:

- a) Receives an offer letter for his/her instructional appointment
- b) Is listed as an instructor of the course
- c) Begins teaching the course

Once all signatures have been obtained, this form should be **returned to the Departmental Administrator of the Administrative Department.**

**SECTION 1:**

**To be completed by the Departmental Administrator in the Department in which the course will be taught (“Teaching Department”):**

Postdoc Name: \_\_\_\_\_ UNI: \_\_\_\_\_

Department in which Postdoc has his/her Postdoc appointment (“Administrative Department”):

\_\_\_\_\_

Teaching Department: \_\_\_\_\_

Course Number and Name: \_\_\_\_\_

Dates of Instructional Appointment: \_\_\_\_\_ to \_\_\_\_\_

Number of Credits: \_\_\_\_\_

Instructional Compensation: \$ \_\_\_\_\_

**1. Chair of Teaching Department**

Print name and title:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Dean/Executive Vice President for Teaching Department (only if Teaching Department is different from Administrative Department)**

Print name and title:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**To be completed by the Departmental Administrator of the Administrative Department:**

Is the Postdoc on a non-immigrant visa (F-1, J-1, O-1, TN or E-3)? Yes \_\_\_ No \_\_\_

Is the Postdoc receiving a stipend through a fellowship or training grant? Yes \_\_\_ No \_\_\_

If yes, please provide the fellowship or training grant name (e.g., NSF Biology Fellowship, NIH T32): \_\_\_\_\_

**1. Principal Investigator**

Print name and title:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Chair of Administrative Department**

Print name and title: \_\_\_\_\_

**3. Dean/Executive Vice President for Administrative Department**

Print name and title:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

4. **Sponsored Projects Administration** (only if the Postdoc is funded by a fellowship or training grant)

Print name and title:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. **CUIMC Faculty Affairs Office** (only for Postdocs at CUIMC)

Print name and title:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

6. **Academic Appointment Office** (only for Postdocs on any campus other than CUMC or if appointment involves more than one campus)

Print name and title:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

7. **International Affairs Office** (for Postdocs holding visas at CUIMC) or **International Students and Scholars Office** (for Postdocs holding visas on any other campus)

Print name and title:

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

[END]