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:
___________________________________________________________________________
___________________________________________________________________________

Signature: ___________________________ Date: __________________________

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

Print name and title:
___________________________________________________________________________
___________________________________________________________________________

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:
___________________________________________________________________________
___________________________________________________________________________

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:
___________________________________________________________________________
___________________________________________________________________________

Signature: ___________________________ Date: __________________________

[END]