

Postdoctoral Research Fellow Request for Exception Form

Name: ID # Date:

Beyond 5th Year

_____ # Years as Postdoc at UT Health SA

_____ Requested Duration of Extension

_____ # Total Years as Postdoctoral Research Trainee

Specify unusual circumstances that justifies exception (Attach additional page if needed)

Reduced Percentage (FTE) _____%

Specify unusual circumstances that justifies exception (Attach additional page if needed)

Requested by:

Postdoctoral Research Fellow Signature

Faculty Mentor Name

Signature

Department Chair Name
*(or Dean if the faculty mentor is the
Chair or Center/Institute Director Name)*

Signature

Center/Institute Director Name

Signature

For Use by Office of Postdoctoral Affairs and Vice-President for Research

APPROVED

DECLINED

Decision
Comments: