1. Trainee’s Last Name, First Name, Middle Initial
2. Trainee’s UT Health SA Badge ID
3. Date form prepared
4. Select type of exception requested
   - “Beyond 5th Year”
     o “Requested Duration of Extension” - Enter time of extension requested for Postdoc, for example: 6 months, 1 year, etc.
     o “# Years as Postdoc at UT Health SA” – Enter the amount of time Postdoctoral Research Trainee has been here.
     o “# Total Years as Postdoctoral Research Trainee” – Enter the total amount of time as a Postdoctoral Research Trainee in all locations including UT Health SA.
   - “Reduced Percentage (FTE)”
     o “Reduced Percentage (FTE)” – Enter the % of FTE requested.
5. Specify Unusual Circumstances that justify the exception. For example,
   - What are the unusual circumstances that form the basis for the request to extend research training?
   - How will additional time in research training advance a career in science?
   - What is the additional training that will be completed during the extended time?
   - How will a reduction in trainee effort impact research training activities and goals?
   - How will a reduction in trainee effort impact career advancement?
6. Postdoctoral Research Fellow Signature – Original ink or Digital (date & time stamped)
7. Faculty Mentor’s Name – Last Name, First Name, Middle Initial
8. Faculty Mentor’s Signature - Original ink or Digital (date & time stamped)
9. Department Chair or Center/Institute Director Name
   - If the Mentor is the Department Chair or the Center/Institute Director, then their respective school’s Dean, should sign in the “Chair or Center/Institute Section”.
10. Department Chair Signature (or Dean as needed) -Original ink or Digital (date & time stamped)
11. Center/Institute Director Signature - Original ink or Digital (date & time stamped)
12. This form can be completed by either the Postdoctoral Research Fellow or the mentor.
13. Attach additional pages as needed