

**REQUEST FOR APPOINTMENT FORM**  
**POSTDOCTORAL SCHOLARS & NON-FACULTY RESEARCHERS**

Select One:  New Appointment  Reappointment  
Choose Appointment Type: \_\_\_\_\_

**MENTOR INFORMATION**

Mentor Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Department / Institute / Center: \_\_\_\_\_  
Address: \_\_\_\_\_  
Name of Administrative Assistant or Senior Administrative Assistant: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Name of person to call with questions: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**APPOINTEE INFORMATION**

Appointee Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
*(No abbreviations in mailing address, please.)*  
Postal Code/Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Gender:  Female  Male  
Date of Birth: \_\_\_\_\_  
Choose status or intended visa type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
*Enter the expiration date if you chose one of the following:  
B1, H1b, J1, TN, WB, CPT, OPT, or STEM 17.*  
NDID #: \_\_\_\_\_  
Notre Dame Graduate:  Yes  No  
Year of Graduation: \_\_\_\_\_  
Has appointee previously held a postdoctoral appointment at any institution:  Yes  No  
If yes, when? \_\_\_\_\_  
*(month/day/year)*  
Has appointee previously held a non-faculty appointment at Notre Dame:  Yes  No  
If yes, when? \_\_\_\_\_  
*(month/day/year)*

**APPOINTMENT PERIOD**

New Appointment or Reappointment - **Start Date:** \_\_\_\_\_  
*(month/day/year)*  
New Appointment or Reappointment - **End Date:** \_\_\_\_\_  
*(month/day/year)*

**STIPEND INFORMATION**

Total Stipend for Period of Appointment: \$ \_\_\_\_\_

**STATEMENT OF DUTIES & RESPONSIBILITIES**

*Please describe the duties and responsibilities of the position. Please include the discipline or field of research in which the appointee will be working. This description will be included in the formal letter of appointment from the Office for Postdoctoral Scholars. Please ensure the description provided reflects what you would like to appear in the appointment letter.*

Dept Org. #: \_\_\_\_\_

**APPROVALS**

Faculty Mentor: \_\_\_\_\_ Date: \_\_\_\_\_  
Department Head / Director: \_\_\_\_\_ Date: \_\_\_\_\_  
Budget Admin. / Provost: \_\_\_\_\_ Date: \_\_\_\_\_

## Checklist of Required Forms

		DOMESTIC		INTERNATIONAL		
		New Appointment	Reappointment	New Appointment	Reappointment	
<input type="checkbox"/>	Request for Appointment Form <i>(*Approval signatures required on form.)</i>	<a href="http://postdocs.nd.edu/faculty-administrative-staff/">http://postdocs.nd.edu/faculty-administrative-staff/</a> <i>(NetID required to download form)</i>	X	X	X	X
<input type="checkbox"/>	General Counsel Immigration Request	<a href="http://generalcounsel.nd.edu/assets/65551/immigrationrequestformewmployee.pdf">http://generalcounsel.nd.edu/assets/65551/immigrationrequestformewmployee.pdf</a>			X	X
<input type="checkbox"/>	J-1 Information Form <i>(Required for all J1 appointees)</i>	<a href="http://international.nd.edu/assets/120130/j1_information_fillable_form.pdf">http://international.nd.edu/assets/120130/j1_information_fillable_form.pdf</a>			X	X
<input type="checkbox"/>	CV/Resume		X		X	
<input type="checkbox"/>	Proof of Degree <i>(*Not required for Senior Research Associate, Visiting Scholar or Research Visitor)</i>		X		X	
<input type="checkbox"/>	<b>Copy of passport photo page:</b> - For appointee - And, if applicable, for each accompanying dependent				X	
<input type="checkbox"/>	<b>ADDITIONAL CONSIDERATIONS:</b>					
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>Proof of financial support <i>(Required for J1 appointees if not receiving a stipend from Notre Dame, or if stipend is below the J-1 minimum financial requirements – please see <a href="http://generalcounsel.nd.edu/assets/100317/j1packet2013.pdf">http://generalcounsel.nd.edu/assets/100317/j1packet2013.pdf</a> page 3 for details.)</i></li> </ul>				X	X
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>If previously on a J-1, copy of prior 2 years DS-2019</li> </ul>				X	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>If currently holding H1-B, copy of H1-B approval</li> </ul>				X	
<input type="checkbox"/>	<ul style="list-style-type: none"> <li>If current F-1 or J-1 student with OPT or CPT, copy EAD card or CPT authorization letter</li> </ul>				X	

**Send all completed forms *(please see checklist above)* to:**

ATTN: Diana Dickson, *Office for Postdoctoral Scholars*  
The Graduate School, 110 Bond Hall