## **Postdoctoral Scholar Supplemental Information**

(Please attach to the Postdoctoral Scholar Reappointment form if the terms outlined in the original Post Doc appointment letter have changed.)

| Department or Center   | Candidate's Name        |       |
|--|-------------------------|-------|
| Principal Investigator (PI):   | PI Signature:           |       |
|  |                         |       |
| Reappointment Begin Date:  | Reappointment End Date: |       |
| [List a brief description of the science the postdoctoral scholar will be working on during the reappointment      |                         |       |
| period if different from the original appointment letter]  |                         |       |
|  |                         |       |
|  |                         |       |
|  |                         |       |
|  |                         |       |
| [List additional certification or training requirements not mentioned in the original appointment letter]          |                         |       |
|  |                         |       |
|  |                         |       |
|  |                         |       |
|  |                         |       |
| [List other details of the program such as fellowship, research goals, training opportunities, seminars, and other |                         |       |
| program or research specific information not mentioned in the original appointment letter]                         |                         |       |
|  |                         |       |
|  |                         |       |
|  |                         |       |
|  |                         |       |
| [List additional seminars or course offerings not mentioned in the original appointment letter [include the name   |                         |       |
| of lab hosting seminars and/or appropriate URL]  |                         |       |
|  |                         |       |
|  |                         |       |
|  |                         |       |
| Other  |                         |       |
| Other  |                         |       |
|  |                         |       |
|  |                         |       |
| I understand and agree to the terms stated above.  |                         |       |
| Employee Signature:  |                         | Date: |
|  |                         |       |

Cc: Employee, Graduate Division, BCOE Dean's Office