**Sixth Training Year Extension Request Form**

**For Postdoctoral Scholars**

**To be completed by Postdoc**

For submission with Faculty Sponsor/PI Request Form

Postdoc Admin: After completion and signing convert to PDF for submission to OPA

Postdoctoral Scholar name: Appointment start date:

Click or tap to enter a date.

Student ID number: Current appointment end date:

Click or tap to enter a date.

Department/Division: Requested end date:

Click or tap to enter a date.

Faculty Sponsor name: Total research experience at end of requested

date (from Research Experience Calculator)

Postdoctoral Administrator name:

**Postdoc’s Statement Supporting Extension Request:**

*Provide a brief summary of training to date. (Include classes, workshops, and other professional development activities.*

Click or tap here to enter text.

*How will this additional time support your career track?*

Click or tap here to enter text.

*What is your career transition plan? When do you intend to initiate your job search? How will you use this year to support the transition?*

Click or tap here to enter text.

*What resources will you include in your career transition? (e.g., workshops, career counseling, etc. Be specific with names and dates if available.)*

Click or tap here to enter text.

*Are there additional considerations for this request? (e.g., family or medical leave during training, unanticpicated training challenges, etc.)*

Click or tap here to enter text.

**Please provide the following supporting documents**

Postdoc’s Updated CV

Research Experience Calculator (completed by Postdoctoral Administrator)

Copy of Award Letter (if request is based on a fellowship award)

Copy of accepted Job Offer Letter (if request is based on job offer; confidential information can be omitted)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

**Postdoc signature**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print name:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

**Postdoctoral Administrator signature**