

## **GUIDELINES FOR REQUEST FOR EXTENSION OF POSTDOCTORAL APPOINTMENT**

Postdoctoral training at Washington University is limited to five (5) years, including postdoctoral time at other institutions. The focus of postdoctoral positions is to train individuals to assume independent research roles, and therefore they are inherently temporary. Exceptions to the five-year term limit will be granted by the Office of Postdoctoral Affairs (OPA) for extenuating circumstances only. Only one extension is allowed per postdoctoral appointment.

## **Request Process**

The postdoctoral appointee and the faculty supervisor/PI must both agree in writing to extend the postdoctoral training. The Request for Extension of Postdoctoral Appointment should be completed and submitted to the OPA at least six (6) months in advance of the current end date. The postdoctoral appointee, the faculty supervisor/PI, and the department head (or division chief for Internal Medicine) must all sign the request. Please send a current copy of the postdoctoral appointee's CV with the request for extension.

The request should also be accompanied by **two letters** (one from the faculty supervisor/PI, one from the postdoctoral appointee) that explain in detail why the term limit date should be extended and what additional training is necessary. **The letters should be different, not a copy of the other**. The letters should be addressed to Dr. Paola Cepeda, Director of the Office of Postdoctoral Affairs. The OPA Faculty Advisory Committee will base their decision on the information provided in both letters, so please provide as much detail as possible. Please include the following information, if applicable:

- Specific reasons why the postdoctoral appointee needs to remain in a postdoctoral position
- What additional training would be accomplished during the months of the extension
- If the postdoctoral appointee has changed advisors, please indicate the circumstances and timing
- If current scientific training is significantly different than previous experience, please explain
- Any applicable personal, family, or medical issues that may apply
- How the postdoctoral appointee's future career plans will be impacted by this training

Failure to detail the reasons for request completely and accurately will delay the Committee's review and possibly result in a denial of the request.

## **Review Process**

The OPA Faculty Advisory Committee will review the request for extension and Dr. Cepeda will contact you if additional information is needed. A written response will be provided within 30 days. If the request is denied, an explanation will be provided.

Updated April 2022



## REQUEST FOR EXTENSION OF POSTDOCTORAL APPOINTMENT

Name of Postdoctoral Appointee:			
Name of Faculty Supervisor/PI:			
Department (& Division, if applicable):			
Degree (PhD, MD, or MD/PhD):		Date of Degree:	
Prior Postdoc Experience at Other Institut	tions: years and	months	
WU Initial Appointment Date:			
Current Postdoc End Date:			
Proposed New Postdoc Appointment End	Date:		
Please attach <u>two</u> letters to the committee date. One should be written by the faculty appointee. The letters should be different, Also, please attach a current copy of the p	supervisor; the other one s not a copy of the other. Ple	hould be written l ease see page 1 fo	by the postdoctoral
By signing below, both the faculty supervised discussed and mutually agreed to the requito funding availability. If funding becomes appointment.	uest to extend the training p	period to the date	listed above, subject
Postdoctoral Appointee Signature:		Date:	
Faculty Advisor/Pl Signature:		Date:	
Department Head/Chair Signature:  (for Internal Medicine, Division Chief may sign)		Date:	

Please send all documents in a single pdf file to the OPA at postdoc@email.wustl.edu.

We also recommend that you keep a copy of all documents and email correspondence for your files. Questions? Email <a href="mailto:postdoc@email.wustl.edu">postdoc@email.wustl.edu</a>.