Washington University School of Medicine
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 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 postdoctoral training. The Request for Extension Form should be completed and submitted to the Postdoc Policy Review Committee (Chair, Dr. John Russell, Faculty Adviser) at least six (6) months in advance of the current end date. The faculty supervisor/PI, the postdoctoral appointee and department head (or division chief for Internal Medicine) must all sign the request. Please send a current copy of the postdoc’s CV with the request for extension.

This request should clearly explain in detail why the term limit date should be extended and what additional training is necessary. The Committee will base their decision on the information provided in this request - please provide as much detail as possible. Please include the following information, if applicable:

- Specific reasons why the postdoc needs to remain in a postdoctoral position
- What additional training would be accomplished during the months of the extension
- If the postdoc 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, medical or funding issues that may apply
- How the postdoc'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.

If the postdoc will end their postdoctoral training within three months of their end date, an official request for extension is not needed. However, please email Erin Heckler at eheckler@wustl.edu to notify her that the postdoc will be leaving within three months of the end date.

Review Process
The Postdoc Policy Review Committee will review the request for extension and contact you if additional information is needed. A written response will be provided within 30 to 60 days. If the request is denied, an explanation will be provided.
REQUEST FOR EXTENSION OF POSTDOCTORAL APPOINTMENT

Name of Postdoc: ______
Name of Faculty Supervisor/PI: ______
Department (& Division, if applicable) ______
Degree: PhD, MD or MD/PhD: ______ Date of Degree: ______
Amount of Prior Postdoc Experience at Other Institutions (years & months): ______
WU Initial Appointment Date: ______ Current Postdoc End Date: ______
Proposed New Postdoc Appointment End Date: ______

Please attach two letters to the committee describing in detail the reasons for the request to extend the end date. One should be written by the faculty supervisor and one should be written by the postdoctoral appointee. Please see page one for information to include.

Also, please attach a current copy of the postdoc’s CV to this request.

By signing below, both the faculty supervisor/PI and postdoc agree that they have discussed and mutually agreed to the request to extend the training period to the date listed above, subject to funding availability. If funding becomes unavailable, then at least 30 days notice must be given to end the appointment.

____________________________  ________________________________
Postdoctoral Appointee        Faculty Supervisor/P.I.

____________________________
Department Head/Chair
(for Internal Medicine, Division Chief may sign)

Please send all documents to:
Erin Heckler, Director, Postdoctoral Affairs, Campus Box 8226
The documents may also be sent via email to checkler@wustl.edu, but please forward the form with the original signatures via campus mail as well. We also recommend that you keep a copy of all documents for your files.

Questions? Contact Erin at 362-2591 or checkler@wustl.edu