

## **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, or medical 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 the Director at [postdoc@email.wustl.edu](mailto:postdoc@email.wustl.edu) to notify the office 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.

**Washington University School of Medicine**  
**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:**

The Office of Postdoctoral Affairs at [postdoc@email.wustl.edu](mailto:postdoc@email.wustl.edu).

We also recommend that you keep a copy of all documents and email correspondence for your files.

Questions? Email [postdoc@email.wustl.edu](mailto:postdoc@email.wustl.edu).