

FAS Version

Please print/type and submit to: Departmental Administrator/Business Manager

- New Appointment  
 Reappointment

- Proposed Title:  Research Affiliate  Visiting Fellow  
Current Title:  Research Affiliate  Visiting Fellow

**TO BE COMPLETED BY THE APPLICANT**

- Mr.  Mrs.  Miss  Ms.

1. Name in full \_\_\_\_\_  
Last First Middle Title (PhD, MD)
2. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month/Day/Year City and Country
3. U.S. Citizen  Yes  No  
Country of Citizenship: \_\_\_\_\_  
Country of Permanent Residence: \_\_\_\_\_
4. U.S. Social Security Number: \_\_\_\_\_
5. Visa Status, If applicable (H-1B, J-1, etc.): \_\_\_\_\_  
 Pending  Active: \_\_\_\_\_  
Start Date End Date
6. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_
7. Current Employer Information  
Name of current employer: \_\_\_\_\_  
Address of current employer (including country): \_\_\_\_\_  
Phone number of current employer: \_\_\_\_\_
8. Current position (title): \_\_\_\_\_
9. Employer name for period of appointment: \_\_\_\_\_
10. Has/does the applicant's employer funded/fund research or service work at Yale University?  
 Yes  No  
If yes, please explain: \_\_\_\_\_
11. Source of external financial support and expected amount (USD) while at Yale University.  
Source of external financial support: \_\_\_\_\_  
Expected amount (USD): \_\_\_\_\_
12. Percentage (%) of time at Yale: \_\_\_\_\_  
If not 100%, where will the applicant work the remainder of time? \_
13. Has applicant previously held an appointment at Yale University?  
 Yes  No  
If Yes, duration of appointment: \_\_\_\_\_  
Name of the faculty member/sponsor: \_\_\_\_\_  
What did the applicant do? \_\_\_\_\_

Applicant's Last Name: \_\_\_\_\_

14. Briefly describe the applicant's proposed activities (study and/or research) while at Yale:

15. Will the applicant bring any equipment to Yale University other than a personal computer?

Yes     No

If so, describe: \_\_\_\_\_

Note any special requirements for installation. If "yes", provide a Certificate of Insurance for use of equipment on Yale premises.

\_\_\_\_\_

\_\_\_\_\_

16. Will the applicant's family accompany him or her?

Yes     No

If yes, please indicate the ages of any children. \_\_\_\_\_

17. Attach documentation of applicant's health insurance coverage.

18. Please submit a current Curriculum Vitae or equivalent. Applicants for appointment as a Research Affiliate should submit with this form evidence of a Ph.D. or other terminal degree or certification of the completion of all requirements for the degree or equivalent experience.

**FAS applicants for the Physical and Biological Departments**

Please submit a Conflict of Interest Form with this application

*All activities at Yale University must comply with all relevant University policies including those on conflict of interest, conflict of commitment, and patents and copyright (etc.) (see [www.yale.edu/provost/html/coi.html](http://www.yale.edu/provost/html/coi.html)). In addition, appointment related questions should be discussed with your faculty sponsor and/or department administrator.*

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Month/Day/Year Applicant

Date \_\_\_\_\_ Signature \_\_\_\_\_  
Month/Day/Year Applicant's Employer (as of time of application)

Applicant's Last Name: \_\_\_\_\_

**TO BE COMPLETED BY FACULTY MEMBER/SPONSOR**

19. Name of faculty member (sponsor) with whom and department with which applicant will be affiliated at Yale University:

Faculty Member (Sponsor): \_\_\_\_\_

Department: \_\_\_\_\_

20. Requested period of activity at Yale University: (see Information Sheet on renewing activity)

From: \_\_\_\_\_ To: \_\_\_\_\_

Month/Day/Year

Month/Day/Year

21. Location of laboratory or facility where applicant will be housed: \_\_\_\_\_

22. Describe the relationship between applicant's proposed activities at Yale University and those currently performed for his/her employer. \_\_\_\_\_

23. Does the faculty member (sponsor) have a relationship with the applicant's employer?

(Include membership on a company's scientific advisory board.)

Yes  No

If so, describe: \_\_\_\_\_

24. How many Research Affiliate or Visiting Fellows do you have or anticipate having during this calendar year?

25. **For appointees from for-profit organizations only.**

Is any company work expected to take place in Yale University facilities or on Yale University equipment during the applicant's stay at the University?

Yes  No

If yes, please consult the Office of Grant and Contract Administration.

26. **For FAS Science Departments Sponsors:**

Please attach an updated Conflict of Interest form with this application which will be forwarded to the COI Committee  
*OR note here that there are no changes since the last submission .*

No changes.

Date: \_\_\_\_\_

Month/Day/Year

Signature: \_\_\_\_\_

Chair

Date: \_\_\_\_\_

Month/Day/Year

Signature: \_\_\_\_\_

Business Manager or Departmental Administrator

Date: \_\_\_\_\_

Month/Day/Year

Signature: \_\_\_\_\_

Faculty Member (Sponsor)

**PostDoctoral Office Approval**

Date: \_\_\_\_\_

Month/Day/Year

Signature: \_\_\_\_\_

Conditions:

Duration:

Other: