

POSTDOCTORAL DEPARTURE QUESTIONNAIRE

It is with great hope that you had a successful postdoctoral training experience while at The University of Texas Health Science Center at Houston. Below is information the Office of Postdoctoral Affairs requires to have on all individuals who have held postdoctoral training positions at UTHealth. We ask that you please complete all information. If you have any questions or need anything to assist in your transition, contact the Office of Postdoctoral Affairs – 713-500-6612.

<i>Position Held at UTHealth</i>	
Name	_____
Job Title	_____
Appointment Start Date	_____
Appointment End Date	_____
Department	_____
Mentor	_____
Area of Research	_____

<i>Contact Information</i>	
Mailing Address	_____
State	_____
Zip/ Code	_____
Country	_____
Home Phone	_____
Office Phone	_____

<i>Description of your next position</i>	
Position Title	_____
Type of Position	_____
Employer	_____
Area of Work	_____

<i>Other Important Information</i>		
Did you participate in the Postdoctoral Training Program?	Yes	No
If you did participate, did you take Responsible Conduct in Research?	Yes	No
Please provide any other comments:		
<div style="border: 1px solid black; height: 80px; width: 100%;"></div>		