**PATHOLOGICAL SOCIETY OF GREAT BRITAIN AND IRELAND PART B – Signatures of Head of School/Division or equivalent and Name of Finance/Administrative Officer**

# PhD SPONSORSHIP APPLICATION

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### CANDIDATE’S NAME

**(In full, surname first)**

Please upload this document as part of your PhD grant application

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**1 . Name of Head of School/Division or equivalent:**

**Address:**

**Tel:**

**Fax: e-mail:**

**Signature: Date:**

**2 . Name of Finance/Administrative Officer:**

**Address:**

**Tel:**

**Fax: e-mail:**

**Signature: Date:**