



PART B

References

Original signatures of all references are required.

Please complete the form below and post/fax the completed form with signatures to the address below.

Applicants name

Approval of Head of Department in which work is to be carried out

I agree to accept the candidate to work in my department/institution, and I can confirm that the project has been approved by me and the candidate can be accommodated in the laboratories concerned.

Signature of Head of Department

Institution

Date

Approval of the Dean of the candidate's Medical School/Faculty

I support the application as outlined and confirm that the student will be available during the time indicated.

Signature of Dean of Medical School

University/Medical School

Date

Approval of the Sponsor/member of the Pathological Society (please contact your University's Pathology Department who will give you details of members who may be willing to act as a sponsor)

Signature of sponsor

Date

Please return to:
Miss J Johnstone
The Pathological Society
2 Carlton House Terrace
London
SW1Y 5AF