BRITISH DIVISION OF THE INTERNATIONAL ACADEMY OF PATHOLOGY PART B

FELLOWSHIP APPLICATION

CANDIDATE’S NAME:

Instructions to applicant. Please pass this sheet to your present Head of Department to complete with the request that he/she should email a signed and scanned copy to Sam Keily, BDIAP Administrator, administrator@bdiap.org

TO HEAD OF DEPARTMENT. The above-named applicant has applied for a BDIAP Educational Fellowship. Could you please let the BDIAP have your views, IN CONFIDENCE.

1. Candidate’s scientific and educational ability and suitability for a Fellowship:

2. Appropriateness of proposed project and centre of choice:

3. Name of Head of Department

Address:

Tel:

Fax: e-mail:

Signature Date