RECOMMENDATION FOR A POSTDOCTORAL FELLOWSHIP TESTIMONIAL

*** THE RECOMMENDATION MUST CLEARLY INDICATE THE NAME OF THE POSTDOCTORAL FELLOW, EXACTLY AS IT SHOULD APPEAR ON THE CERTIFICATION.**

IDENTIFICATION *

MR., MRS, MISS DR.	SURNAME	GIVEN NAMES

EMAIL ADDRESS OF FELLOW

LANGUAGE PREFERRED ON CERTIFICATION ☐ FRENCH ☐ ENGLISH

FELLOWSHIP

FELLOWSHIP LOCATION (LABORATORY, RESEARCH GROUP OR CENTRE, HOSPITAL, ETC.)

ACADEMIC UNIT

DURATION OF FELLOWSHIP FROM YEAR MONTH DAY TO YEAR MONTH DAY

RECOMMENDATION OF RESEARCH SUPERVISOR

THE FELLOW QUALIFIES TO RECEIVE A "POSTDOCTORAL FELLOWSHIP TESTIMONIAL" ☐ YES ☐ NO

BASIS FOR THE RECOMMENDATION

NAME OF RESEARCH SUPERVISOR

DATE

SIGNATURE (RESEARCH SUPERVISOR)

DISTRIBUTION OF COPIES ☐ FGPS ☐ RESEARCH SUPERVISOR ☐ POSTDOCTORAL FELLOW