

Postdoctoral certificate request

* The recommendation must clearly indicate the name of the postdoctoral fellow, exactly as it should appear on the certification.

POSTDOCTORAL FELLOW *		
TITLE (DR., MR., MS.)	SURNAME	GIVEN NAME
EMAIL ADDRESS OF THE POSTDOCTORAL FELLOW		PREFERRED LANGUAGE OF CERTIFICATE ENGLISH FRENCH

FELLOWSHIP							
FACULTY	ACADEMIC UNIT/DEPARTMENT						
FELLOWSHIP LOCATION (LABORATORY, RESEARCH GROUP OR CENTRE, HOSPITAL, ETC.)							
DURATION OF FELLOWSHIP							
FROM	TO						
<table border="1"> <tr> <td>YEAR</td> <td>MONTH</td> <td>DAY</td> </tr> </table> DATE	YEAR	MONTH	DAY	<table border="1"> <tr> <td>YEAR</td> <td>MONTH</td> <td>DAY</td> </tr> </table> DATE	YEAR	MONTH	DAY
YEAR	MONTH	DAY					
YEAR	MONTH	DAY					

RESEARCH SUPERVISOR					
SURNAME	GIVEN NAME				
DID THE POSTDOCTORAL FELLOW MEET THE EXPECTATIONS RELATED TO THE FELLOWSHIP?	YES	NO			
I RECOMMEND THAT A CERTIFICATE ATTESTING THE DURATION OF THE POSTDOCTORAL FELLOWSHIP BE AWARDED.	YES	NO			
<hr/> SIGNATURE	<table border="1"> <tr> <td>YEAR</td> <td>MONTH</td> <td>DAY</td> </tr> </table> DATE	YEAR	MONTH	DAY	
YEAR	MONTH	DAY			

Please submit the completed form by email to: postdoc@uOttawa.ca