

DEPARTMENT OF PATHOLOGY AND MOLECULAR MEDICINE
McMASTER UNIVERSITY

POSTDOCTORAL FELLOWSHIP CERTIFICATE

INFORMATION DATA SHEET

1. **FIRST AND LAST NAME** (e.g. Dr. Robert Smith)

2. **FIELD OF STUDY**
(45 characters maximum including spaces. If the description submitted is too long it will be returned to you for revision.)

3. **PERIOD OF STUDY:** (e.g. May 1, 2008 to December 31, 2010)

4. **FORWARDING ADDRESS** - The postdoctoral fellowship certificate procedure can take up to 4-8 months to complete. As a result, if the return address changes from what was initially submitted, please notify Sara DeSilvio, 905-521-2100, Ext. 73235 or e-mail: desilvio@mcmaster.ca with the update. Thank you.