

A. JAMES FRENCH SOCIETY OF PATHOLOGISTS

Application for Traveling Fellowship for Pathology Residents

TO THE BOARD OF DIRECTORS OF THE A. JAMES FRENCH SOCIETY

I Hereby make Application for a Clinical Tour for Pathology Residents.

Name _____
(Print) (Last Name) (First Name) (Middle Name)

Residence _____

(Street number, City, State)

Telephone _____ Date of Application _____

Signature of Applicant _____

TO THE BOARD OF DIRECTORS OF THE A. JAMES FRENCH SOCIETY

We Vouch for _____

and recommend him/her to a French Traveling Fellowship

Sponsored by _____

Date Application Received _____

Action of Committee:

Recommended Deferred Not Recommended

I SUBMIT THE FOLLOWING DATA CONCERNING MY EDUCATION AND PATHOLOGY TRAINING

1. Attach a copy of your curriculum vitae
2. When will you complete your Pathology training
3. If approved, at what time will you take the Fellowship?