## Post-Doctoral Licentiate in Mediaeval Studies

## PONTIFICAL INSTITUTE OF MEDIAEVAL STUDIES

## **Application Form**

Complete all pages of this form. Please ensure that both application form and letters of reference are received by the Registrar by **15 February**. Please type or **PRINT.** 

NAME				
Surname				Given names
CURRENT ADDRESS				
(Area Code) Telephone	Code) Telephone (Area code) Fax number			E-Mail
PERMANENT ADDRESS				
ACADEMIC HISTORY, Und Name all universities attended, inc	•			
<b>INSTITUTION</b> (department, faculty)		DATES	DEGREE	DATE AWARDED*
*If the doctoral degree has not been a	warded formally, date	when the granting of the	e degree was approved.	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	gg		
ACADEMIC YEAR IN WHIC	CH RESEARCH	IS TO BE DONE		
DOCUMENTATION				
☐ Transcript of doctoral recor	d (sent under seal	of the university)		
☐ Curriculum vitae (attached	herewith)			
☐ Publications, if applicable (	offprints attached)	•		

RESEARCH PROPOSAL I	IILE
RESEARCH PROPOSAL D	ESCRIPTION
	rds or less, provide a description of your research proposal, including a statement on the will benefit your research. Prepare the description in 12-point typeface.
LETTERS OF RECOMMEN	DATION
	ast two scholars whom you have asked to send letters of recommendation directly to ne, fax, and e-mail information wherever possible. Please ensure that letters reach
REFEREE 1	
REFEREE 2	
DATE	SIGNATURE OF APPLICANT

Return the completed form to the Registrar, Pontifical Institute of Mediaeval Studies, 59 Queen's Park Crescent East, Toronto, Ontario, Canada M5S 2C4. Applications may also be submitted by fax at 416 926 7292 and by email to Professor T. Allan Smith, Registrar (416 926 7291; allan.smith@utoronto.ca). However all supporting documentation must be received by 15 February. For further information on the Licence, please consult http://www.pims.ca.