



Referees for iMED application

Applicant Name: _____

E-mail address: _____

Please provide contact information about minimum one, maximum two referees to support your application.

One should preferably be the master thesis supervisor, or other senior scientists that you have worked closely with. References will be directly obtained from the referees.

My Referees:

Name	Position	Place of work	Address/E-mail	Relation to applicant	Did the person confirm to act as referee? (yes/no)

If the referee did not yet confirm, please notify her/him.

