



## Referees for iMED application

Applicant Name: \_\_\_\_\_

E-mail adress: \_\_\_\_\_

*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.*