## 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	(Area code) Fax number			E-Mail
PERMANENT ADDRESS				
ACADEMIC HISTORY, Undergo	_			
INSTITUTION (department,	faculty)	DATES	DEGREE	DATE AWARDED*
*If the doctoral degree has not been awar	ded formally, date	when the granting of the	e degree was approved.	
ACADEMIC YEAR IN WHICH	RESEARCH	IS TO BE DONE		
DOCUMENTATION				
☐ Transcript of doctoral record (s	sent under seal	of the university)		
☐ Curriculum vitae (attached he	rewith)			
☐ Publications, if applicable (off	prints attached)	)		

RESEARCH PROPOSAL IIII	<b>-</b> E
RESEARCH PROPOSAL DES	SCRIPTION
	s or less, provide a description of your research proposal, including a statement of will benefit your research. Prepare the description in 12-point typeface.
LETTERS OF RECOMMENDA	ATION
	two scholars whom you have asked to send letters of recommendation directly to 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, M5S 2C4, Canada. Applications may also be submitted by email to Joseph Pilsner, Registrar (joseph.pilsner@utoronto.ca). However all supporting documentation must be received by 15 February. For further information on the Licence, please consult https://pims.ca/article/licence-in-mediaeval-studies/