



LAU
Gilbert and Rose-Marie Chagoury
School of Medicine

POST DOC RESEARCH FELLOW APPLICATION FEE - PAYMENT RECEIPT

SOM OFFICE OF RESEARCH

CUSTOMER ACCOUNT # 50000096 – CRU

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| APPLICANT'S NAME: | |
| APPLICANT'S LAU ID NUMBER (IF APPLICABLE) | |
| APPLYING FOR ACADEMIC YEAR: | |
| AMOUNT PAID*: | |
| DATE: | |
| AMOUNT RECEIVED BY: | |
| AUTHORIZED SIGNATURE/STAMP: | |

* The fee for the Post-Doctoral Research Fellowship application is 75 USD.