BROWN
Division of Biology
and Medicine

Date: _____

To: (Mentor's First Name Last Name, Degree)_____

Re: Resignation of (Postdoc First Name Last Name, Degree)_____

Dear Dr. X (Mentor's name),

Please accept my termination as Postdoctoral Research Associate or Fellow (choose one) in the

Department of _____.

My last date of work will be _____. My next position will be _____ (title)

at _____ (institution).

Sincerely,

_____

Postdoc Signature