WashU Medicine

Department of Pathology & Immunology

Gynecologic and Breast Pathology Fellowship
NRMP Match Acknowledgement

I acknowledge that the Washington University gynecological and breast pathology fellowship program is participating in the NRMP Fellowship match for the 2028-2029 academic year. Moreover, as a requirement of the application process, I acknowledge that I have reviewed the Salary, Benefits, Sample Agreement, and Eligibility Requirements.

I understand that participation in the NRMP Fellowship Match creates a binding commitment to accept an appointment if matched.

Date: _____

Applicant Name: _____

Signature: _____