

RECOMMENDATION FORM

CHU SAINTE-JUSTINE FOUNDATION FELLOWSHIP

INSTRUCTIONS TO RESPONDENTS: The person whose name appears below applied for the scholarship program of the Research Directorate of the CHU Sainte-Justine. As part of the evaluation of the candidate's file, we would appreciate your cooperation in participating in the assessment of the abilities described below. You must complete this form and return it by email (with the student in copy) at the following address: bourses.fchusj@recherche-ste-justine.qc.ca

IDENTIFICATION OF THE CANDIDATE:

Last name: _____ First name: _____

IDENTIFICATION OF THE RESPONDENT:

Last name: _____ First name: _____

Indicate in what professional capacity you know the candidate:

For how long, in months and/or years, have you known this person?

Months : _____ Years : _____

We invite you to express your opinion by comparing the aptitudes of this candidate with the skills of individuals you know and who have equivalent training and experience. Please mark the answer corresponding to your personal judgment and **justify the points scored**.

	EXCEPTIONAL	EXCELLENT	VERY GOOD	GOOD	WEAK	NOT APPLICABLE
Motivation						
Perseverance						
Analytical and synthesis mind						
Judgment and critical thinking						
Intellectual and scientific curiosity						
Initiative						
Precision						
Sense of organization						
Interpersonal relationships with peers						
Communication skills (oral and written)						
Ability to meet deadlines						

Additional justifications and comments

MAC USERS please make sure that the information in the form is fixed by selecting “Printer Adobe PDF” in the “Print” function when you save the document.

In order for the response to be considered valid, **you must return this recommendation form by April 29 2018 12:59pm** by email (with the student in CC) at the following address:

bourses.fchusj@recherche-ste-justine.qc.ca