



Second year post-graduate scholarships Institut des sciences et techniques CY Cergy Paris Université 2024-2025 – Recommendation form 1

To be completed by a senior lecturer of 1st year master

Applicant details:

NAME:

Surname:

Title of the Master's degree you are applying for:

Opinion of the applicant's programme supervisor:

Name:		Surname:				
University / School:		Title / Qualification:				
Phone:		Email:				
How long have you known the applicant for and in what circumstances?						
How many other students of the same year have you known and how does the applicant stand out?						
How does he/she compare to other students you have known? (Circle the correct response)						
	Exceptional	Excellent	Very good	Good		
or job requirements	ualities and skills, es . For example, comp s, academic or other	specially those t betence in his/he	er fields or prior ex	the applicant's field of perience, organization hers, sound judgment	al and	

Date and signature of the referee: