



Second year post-graduate scholarships Institut des sciences et techniques CY Cergy Paris Université 2024-2025 – Recommendation form 2

To be completed by a senior lecturer of the Bachelor

Applicant details:						
NAME:	Surname:					
Title of the Master's degree you are applying for:						
Opinion of the ap	plicant's progra	mme supervis	or:			
Name:		Surname:				
University / School:		Title / Qualification:				
Phone:		Email:				
How long have you k	nown the applican	t for and in what	circumstances?			
How many other stud	dents of the same	year have you kn	own and how does	s the applicant sta	nd out?	
How does he/she cor	mpare to other stu	dents you have k	known? (circle the	correct reponse)		
	Exceptional	Excellent	Very good	Good		
Why should he/she be List the applicant's qualified or job requirements. communication skills reliability, analytical set to the communication of the co	ualities and skills, e For example, com s, academic or othe	especially those t petence in his/he	er fields or prior ex	perience, organiza	ational and	
Date and signature o	f the referee:					
	<u> </u>	<u> </u>	<u> </u>			