

**LETTER OF RECOMMENDATION
PROFESSIONAL SCHOLARSHIP AWARDS**

(CONFIDENTIAL)

PLEASE RETURN TO

CGA NEW BRUNSWICK
P.O. Box 1395
Moncton, NB
E1C 8T6

TO BE COMPLETED BY APPLICANT

SURNAME

GIVEN NAME(S)

ADDRESS

NO. AND STREET

CITY

PROVINCE / COUNTRY

POSTAL CODE

AREA CODE & TEL. NO.

COMMUNITY COLLEGE OR UNIVERSITY

AREA OF SPECIALIZATION

TO BE COMPLETED BY REFERRER

INSTRUCTOR

DIRECTOR OF INSTITUTION

I HAVE KNOWN THE
APPLICANT FROM

YR MO. TO

YR MO.

IN THE FOLLOWING
CAPACITY

OTHER (SPECIFY)

THE BOX SCORE RATING BELOW INDICATES MY ASSESSMENT OF THE APPLICANT'S ACADEMIC PERFORMANCE AND POTENTIAL. I HAVE RATED THE APPLICANT BY COMPARISON WITH CURRENT STUDENTS AT THE SAME LEVEL OF EDUCATION AT THIS INSTITUTION.

OVERALL APTITUDE FOR
POST SECONDARY STUDIES

AMONG THE TOP 5%

AMONG THE TOP 10%

AMONG THE TOP 25%

AMONG THE TOP 50%

AMONG THE LOWER 50%

	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	UNABLE TO OBSERVE
ACADEMIC ACHIEVEMENT					
LEADERSHIP					
JUDGEMENT					
MOTIVATION					
ABILITY TO WORK INDEPENDENTLY					
ORAL EXPRESSION					
WRITTEN EXPRESSION					

I WOULD RECOMMEND THE APPLICANT'S ADMISSION TO THE CGA PROGRAM OF STUDIES.

WITHOUT RESERVATION

WITH CERTAIN RESERVATIONS

NOT AT ALL

CONTINUED ON REVERSE

BECAUSE BOX SCORE RATINGS DO NOT PROVIDE A COMPLETE DESCRIPTION OF AN APPLICANTS POTENTIAL, PLEASE JUSTIFY YOUR ASSESSMENT BY DESCRIBING ANY SPECIAL APTITUDES, STRENGTHS AND WEAKNESSES OF THE APPLICANT.

NAME OF REFERRER (PRINTED)

POSITION

AREA CODE & TEL. NO.

INSTITUTION

ADDRESS OF INSTITUTION

DATE

(REFERRER)

SIGNATURE