

Student Name:

Student ID:

Program:

Year of entry into program:

Email:

Date (dd/mm/yyyy):

I attest that the above-mentioned student is registered in a Concordia program and is a student of good standing.

I fully support their application and recommend them without hesitation.

Faculty Member Name:

Position:

Department:

Email:

IF YOU ARE NOT ALREADY A MEMBER OF THE SCHOOL OF HEALTH:

The School of Health membership is reserved to Concordia students or postdoctoral fellow who are conducting research **under the supervision of a faculty member who is a member of the School of Health.**

If you want your student/postdoctoral fellow to be eligible, please [apply to become a member of the School of Health.](#)

Otherwise, please explain why your student/post doctoral fellow's application should be considered despite this condition not being met.

Signature of faculty member:

X