



**IODP  
CANADA**  
**Research Award Letter of Support**



*This form is to be filled and saved (i.e. not printed). Please complete the following fields using the space provided.*

**Full Name of Applicant:** .....

**Referee's Name:** .....

**Position:** .....

**Area of Expertise:** .....

**Work Address:** .....

**Phone:** ..... **Email:** .....

**1. Since when and in what capacity have you known the applicant?**

**2. The applicant is/was among the top students (in %):**  
5%    10%    20%    30%    no assessment possible

**3. How does the applicant stand out in academic and personal terms and what is your assessment of his/her potential?**

**4. Please comment on the overall standard, feasibility, relevance and schedule of the project proposed by the candidate.**



5. Please provide any additional information that could be of importance to the IODP-Canada award decision.

6. Degree of approval:      Emphatic approval      Approval      Conditional approval  
(please specify)

.....  
Referee's Signature      Date