

**NSERC-CREATE**  
**Auditory Cognitive Neuroscience**  
**Recommendation form for a Graduate Award**

Instructions for submission: Please fill out, then print, sign, scan and email the completed recommendation to acn.create@gmail.com.

**The recommender should be someone other than the proposed supervisor who is familiar with the applicant's research potential.**

In accordance with the *Privacy Act*, this report will be accessible to the applicant. This report, including your name, may also be disclosed to organizations whose fellowships are administered by NSERC and to partner agencies that offer supplements to NSERC awards.

Family name of applicant	Given name	Initials of all given names	Date
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Comment on the applicant's research ability/potential and on the applicant's communication, interpersonal and leadership abilities.

I have known the applicant in my capacity as \_\_\_\_\_ for \_\_\_\_\_ years.

I have read the applicant's completed application for a Graduate Award, NSERC-CREATE, Auditory Cognitive Neuroscience

**Recommender's**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Affiliation: \_\_\_\_\_

\_\_\_\_\_  
Signature of recommender and date