



## RECOMMENDATION LETTER FOR CLTP5

Applicants' Name \_\_\_\_\_  
(Family) (First) (Middle)

**To the Applicant** : Please indicate your full name above. Give this form to the person you have asked to recommend you. Ask this person to send the pdf version of this letter directly to the CLTP office at [secretariat@cltp.info](mailto:secretariat@cltp.info)

**To the Applicant and the Recommender** : This recommendation will be used only for admission purposes only.

**To the Recommender** : Please respond to the following questions. Please type or print then send the recommendation letter in pdf to the CLTP office at [secretariat@cltp.info](mailto:secretariat@cltp.info). This recommendation is a required part of the application process; We appreciate your assistance and would like to assure you that your comments will be carefully considered.

Recommender's name : \_\_\_\_\_

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

Address : \_\_\_\_\_

Telephone & Fax numbers : \_\_\_\_\_

Email : \_\_\_\_\_

1. During which period of time have you had the most frequent contact with the applicant? From to .

\_\_\_\_\_

2. What was the nature of your relationship?

\_\_\_\_\_

3. In what areas does the applicant need improvement or growth?

\_\_\_\_\_

4. Please comment on the applicant's interpersonal skills. How well does he or she work within a team?

\_\_\_\_\_

5. How would you describe the applicant's leadership skills?

\_\_\_\_\_



6. Please comment on the applicant's degree of self-confidence.

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7. Please comment on the applicant's personal character.

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8. Please indicate your overall evaluation of the applicant.

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9.  Strongly recommended    Recommended    Recommended with reservation  
 Not recommended

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10. Please make whatever additional comments you wish about the applicant's potential for attending CLTP5. Additional pages may be attached, and the back page is also available.

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Signature \_\_\_\_\_ Date \_\_\_\_\_