# Inlight Research Fellowship Supervisor Recommendation Form

**Applicant:**

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| **Name**  |  |

**Primary Supervisor (the individual completing this form, who must also be the student’s primary supervisor for their graduate program)**

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| **Name**  |  |
| **Signature** |  |

**1. Supervisor statement (max 250 words):** describe the applicant’s research potential and commitment to post-secondary student mental health research

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**2. Training and support (max 250 words):** describe the roles of the supervisor(s) in training, support and development of the applicant in student mental health research

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