



## TTOTA Rosemary Green Bursary Program Director's Statement

<b>Applicant's name</b>			
	LAST	FIRST	M.I.
<b>Name of person making this statement</b>			
	LAST	FIRST	M.I.
<b>Name of University</b>			
<b>Address of University</b>			

This form should be returned on or by **October 8th of the application year.**  
 The person completing the Program Director's Statement may return it to  
[ttota.secretary@gmail.com](mailto:ttota.secretary@gmail.com)

The applicant listed above is currently enrolled in an entry level occupational therapy programme	Yes <input type="checkbox"/> No <input type="checkbox"/>
The applicant listed above is in good academic standing	Yes <input type="checkbox"/> No <input type="checkbox"/>
The applicant listed above has an expected graduation date of:	

**Additional comments:**

**Program Director's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_

