



TTOTA Rosemary Green Bursary Program Director's Statement

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

This form should be returned on or by **August 15th of the application year**. The form must be submitted in a signed and sealed envelope and can be submitted one of the following ways:

- 1) The form can be submitted with the student's application.
- 2) The person completing the Program Director's Statement may return it to

*TTOTA
 P.O. Box 5159, 61-63 Western Main Road,
 St. James, Trinidad and Tobago, West Indies*

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: _____

