**Bil Loth Ocean Decade Award**

**Project Supervisor Recommendation**

**Application Deadline: Please return to** [**awards@imarest.org**](mailto:awards@imarest.org) **by 30 September**

**CANDIDATE DETAILS**

|  |  |
| --- | --- |
| Full Name |  |
| IMarEST Member ID |  |

**PROJECT SUPERVISOR DETAILS**

|  |  |
| --- | --- |
| Title |  |
| Full Name |  |
| Job Title |  |
| Institution |  |
| Email Address |  |
| Signature |  |

**RECOMMENDATION**

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*The recommendation should highlight the student’s personal qualities as well as academic and project achievements.*

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