

at school socially





## **Recommendation Form**

Applicant's Name:	Mr./Mrs./I	Miss_			
Nationality:					
Date of Birth					
Institute					
<b>.</b>					
Referee's E-mail:					
Referee's Tel:					
This part is to be comp	_		this Letter of Rec	ommendation Fo	orm.
The person whose name			or the Changhai Oc	aan University As	augFigh CDCD Vong
The person whose name Yi Young Scientists Transport Recommendation Form	ravel Fund.	. The Fund red	quires your subm	ission of this c	ompleted Letter of
Name					
Position/Title					
Organization					
Address					
How long have you know	wn the applic	ant?	years _	r	nonths
How have you known th ☐ undergraduate		as a/an te student  r	esearch assistant	teaching as	ssistant
employee	other ca	apacity (please sp	ecify)		
How have you known th	e applicant?	(as his/her)			
head of division	dept./school	☐ employer			
teacher in sever	al classes	teacher ir	one class only		
immediate supe					
	rior in firm	other cap	acity (please speci	fy)	
Research super		other cap	acity (please speci	fy)	
·	visor		acity (please speci	fy)	
Research super	visor		acity (please speci	fy)	Never







o you believe this applicant is in g	good health and	is emotional	y mature to be a	ble to cope	with leaving his/he
ome and family for conferences?					
comparison with other candidate	s whom you hav	ve known, ho	w would you rate	e the applica	ant with respect to
e following qualities?					
	Outstanding	Good	Average	Poor	Limited opportunity to observe
Intellectual ability					
Maturity and communication skills					
English comprehension					
Research performance					
Academic promise					
Based on the above, do you recor	mmend the appl	icant for the	SOU-CRSP Yan	g Yi Travel /	Award?
Yes□ No □					
Signature			Date		

Please send the scanning copy of this Letter to <a href="mailto:lpliu.sou@gmail.com">lpliu.sou@gmail.com</a>, and cc to <a href="mailto:aquafish@oregonstate.edu">aquafish@oregonstate.edu</a>