

Sixteenth Users' Meeting & Workshops Student Poster Contest Recommendation Form

Student Name: _____

Department/Affiliation: _____

Title: Master Student Doctoral Student; Year _____

Advisor Professor: _____

To whom it may concern:

I hereby recommend _____ to participate in the
Sixteenth Users' Meeting & Workshops' student poster contest
held by National Synchrotron Radiation Research Center.

Signature: _____

Date: _____