All applicants must submit **Four Letters** (two in English and two in Chinese) from **Two Referees**. While candidate selection is based on the merits of all information provided, the letters are ranked high in the review process.

* **It is requested that one of the referees must be the director of applicant training program or an orthopaedic surgeon who has known the applicant for at least five years.**

Below are guidelines for writing a comprehensive letter of recommendation.

Writers should include the following:

* Duration of time and description of how they have known the applicant professionally.
* Overview of the applicant's educational skills and capacity to learn new things.
* Information pertaining to the applicant's leadership qualities.
* Information pertaining to the applicant's potential to disseminate information obtained through the scholarship experience to his/her fellow colleagues.

**Notice：**

Please name the file as “**Family Name, Given Name (of the applicant) – Recommendation Letter 1 or 2”**

Example: Wang Hong – Recommendation Letter CAOS-XXXX 1，王宏-推荐信1

Wang Hong – Recommendation Letter CAOS-XXXX 2，王宏-推荐信2

**CAOS International Fellowship**

**Recommendation Letter**

**by**

**(Name of the recommender)**

**(Current Position and Institution)**

**for**

**(Name of the applicant)**

**(Current Position and Institution)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Basic Information of the Recommender** | | | |
| **Tel** |  | **Mobile** |  |
| **Fax** |  | **Email** |  |
| **Mailing Address** |  | | |
| **Relation with applicant** |  | | |
| **Recommendation** | | | |
| **Word Limit: 1,000** | | | |

**Personal Statement**

*I hereby confirm that the recommendation provided above is based on nothing but the truth, and I will be taking the legal responsibility for what I stated herein.*

**Signature of Recommender**

**Date of Application**

**CAOS海外访问学者项目**

**推荐信**

**（推荐人姓名）**

**（工作机构及任职）**

**（申请人姓名）**

**（工作机构及任职）**

|  |  |  |  |
| --- | --- | --- | --- |
| **推荐人基本信息** | | | |
| **固话** |  | **手机** |  |
| **传真** |  | **邮箱** |  |
| **通信地址** |  | | |
| **与申请人关系** |  | | |
| **推荐信** | | | |
| **字数限制：1000字** | | | |

**个人声明**

*本人承诺：所提供的推荐信内容真实准确，对因提供有关信息不实或违反有关规定造成的后果，责任自负。*

**推荐人签名**

**提交日期**