
Letter of Recommendation

Applicant should complete this part of form. Please print or type.

Last name
(family)

First
name

Middle
name

Waiver

One recommendation must be submitted from the last school attended for full time study . Students may waive their right of access to recommendations . The following signed statement indicates the wish of the applicant regarding this recommendation .

- I DO WAIVE my right to inspect the contents of the following recommendation .
- I DO NOT WAIVE my right to inspect the contents of the following recommendation .

SIGNATURE

Name of recommender

Title and Institution

Recommender should complete this part of form. Please print or type.

How long have you
known the applicant ?

In what
capacity ?

Instructions :

The Graduate School would appreciate a statement from you concerning this applicant . Please write candidly and analytically about the student's qualifications and potential to carry on advanced study in the field specified . Treatment of both strong and weak points will be helpful in describing such attributes as motivation , intellect , maturity , and other relevant characteristics . Specific examples are far more useful than generalizations .

Please compare the applicant with others whom you have recommended and who have attended or who are attending the Graduate School at Kyoto University . If you prefer to write a letter instead , please attach it to this form . Thank you for your assistance .

On the following scales please rate applicant relative, to others in your department who have gone on to graduate study .

	50 % Average	Top 20 % Good	Top 10 %	Top 5 % Excellent	Top 2 %
Academic Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Poor	Fair	Excellent
Japanese Proficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Confidentiality

This recommendation remains confidential during the admission process . If the student has not signed the waiver of right to inspect the recommendation , your evaluation will become accessible as part of the education record only if the student enrolls in the Graduate School .

Signature _____ Date _____

Name _____ Position _____

Affiliation _____

Address _____

Mailing Instructions

Please enclose your recommendation sign across the seal, and return it to the applicant for enclosure with application form . Thank you .