For office use only
受験番号

Letter of Recommendation

For applicants of International Science and Technology Course (ISTC) at
Graduate School of Science and Engineering / Graduate School of Life and Medical Sciences

Instructions for the applicant – Complete PART1, then provide this form to the recommender.

PART 1 To be filled out by the applicant

Full legal name: _____ _____ _____
(In alphabet) Last/Family First/Given Middle (if any)

Nationality: _____ Date of birth: _____/_____/_____
day month year

Current address: _____

You are applying for ISTC at: _____

Signature: _____

Instructions for the recommender – The person named above is applying for graduate study at Doshisha University. We appreciate your evaluation of the applicant's academic performance and potential and of his/her personal qualities. Any information you provide here will naturally be considered strictly confidential. Please enclose this form in a sealed envelope, write your signature over the sealed flap and return to the applicant.

PART 2 To be filled out by the recommender

Name: _____ School/Organization, Position: _____

Current address: _____

1. How long and in what capacity have you known the applicant?

2. Describe the applicant's ability and potential, personal character, and capacity to achieve at Doshisha University. If necessary please continue on the back.

3. Please assess the personal qualities of this applicant by checking the most appropriate box.

☐Outstanding ☐Excellent ☐Good ☐Average ☐Below average

Signature: _____ Date: _____