

# Letter of Recommendation

Applicant's Name: \_\_\_\_\_  
Last First Middle (if any)**THIS PART TO BE COMPLETED BY THE RECOMMENDER**

**To the Recommender:** The person named above is applying for admission to the Graduate School at Kansai University. We would appreciate your candid assessment of the applicant's intellectual ability, professional skills, and research potential. Please also comment on the applicant's personality, strengths and weaknesses, compatibility with coworkers and so on. If applicable, please include any known obstacles the applicant must overcome to attain her or his educational goals (e.g., financial, social, cultural, educational, or other disadvantages).

**\*Please enclose this form in an envelope, seal it, sign it across the seal, and return it to the applicant. If there is insufficient space, please attach a separate sheet.**

Please continue to next page

**Please CHECK the appropriate evaluation:**

	Extraordinary	Outstanding	Above Average	Average	Below Average	Cannot Judge
Academic Performance	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
Motivations for Graduate Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommender's Name (in capital letters): \_\_\_\_\_

Position or Title: \_\_\_\_\_ School or Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_