

#### PLEASE TYPE OR PRINT AND COMPLETE ALL SECTIONS

#### TO THE APPLICANT: APPLICANT DETAILS

#### (Applicant should complete this part and submit this form to the recommender)

Family Name \_\_\_\_\_ Middle Name \_\_\_\_\_

First (Given) Name Title (Mr./Ms./Dr., etc.)

Date of Birth (day/month/year)

# TO THE RECOMMENDER: PLEASE COMPLETE BOTH PAGES

The above student is applying to the Graduate Program in Medical Sciences at the University of Tsukuba. To help us in the selection process, please fill out the required information.

# **APPLICANT'S INFORMATION**

How long have you known the applicant? \_\_\_\_\_

What is your relationship with the applicant? (e.g. research supervisor)

# **RECOMMENDER'S INFORMATION**

Name \_\_\_\_\_ Position/Title \_\_\_\_\_ Organization \_\_\_\_\_ E-mail \_\_\_\_\_ Telephone

Telephone \_\_\_\_\_

# ASSESSMENT

Please assess the applicant on a scale of Excellent (highest) to Poor (lowest) in relation to the following criteria. Please check the appropriate criteria.

	Excellent	Very Good	Good	Fair	Poor	Unable to comment
Intellectual ability						
Written communication skills						
Oral communication skills						
Ability to meet deadlines						
Ability to organize workload						
Ability to work independently						
Numerical/mathematical ability						
English language ability						
Motivation						
Emotional maturity						
Attitude toward accepting others' opinions and criticism						
Trainability potential						
OVERALL ASSESSMENT						

# COMMENTS

We would appreciate your comments on the applicant's qualifications for graduate study in the space below. If you prefer to submit a separate letter of recommendation or require additional space, please indicate this by marking an 'X' in the section below.

# **OVERALL RECOMMENDATION**

Please select one of the following:

- □ I strongly recommend this applicant
- □ I recommend the applicant
- $\hfill\square$  I do not recommend the applicant
- □ I am unable to comment

Signature \_\_\_\_\_

Date \_\_\_\_\_

Thank you for completing this form. Please sign above and send directly to the address below.

E-Mail to : iga-in@un.tsukuba.ac.jp

Academic Service Office for the Medical Sciences Area University of Tsukuba