

Master's Program in Medical Sciences / Doctoral Program in Medical Sciences
Graduate School of Comprehensive Human Sciences, University of Tsukuba



TO THE APPLICANT: APPLICANT DETAILS

Family Name _____ Middle Name _____
First (Given) Name _____ Title (Mr./Ms./Dr., etc.) _____
Date of Birth (day/month/year) _____

How long have you known the applicant? _____

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

Name _____

Position/Title _____

Organization _____

E-mail _____ Telephone _____

[illegible]

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
- ☐ 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**