

2018AY Waseda University Graduate School of Human Sciences Letter of Recommendation

Applicant's Name in block capital letters		Date of Birth	Year	Month	Day
Program of your choice (Please circle the applicable program.)	2-year Master's Program	1-year Master's Program	Doctoral Program		

To the Applicant: Writing your name on this form constitutes the waiver of your right to access to the recommendation, and no information contained in the letter of recommendation will be disclosed to you. A letter of recommendation written by yourself is unacceptable.

Program	Acceptable Recommender	Unacceptable Recommender
Master's Program (2-year or 1-year)	Someone who knows the applicant, his/her academic work and daily life (e.g. Teaching Fellow/Academic Advisors, etc.)	• A relative • A minor or an adult ward
Doctoral Program	The applicant's Master's program supervisor or equivalent	

To the Recommender: The individual named above is an applicant for admission to the Graduate School of Human Sciences. In the evaluation tables below, please rank the applicant as indicated, describe both strong and weak aspects of the applicant's abilities, and special notes, if any. Please enclose this form and your letter of recommendation in a sealed envelope and sign it across the seal. Return the signed, sealed envelope to the applicant (if not signed and sealed, it is invalid). Thank you very much for assisting us with our admission process. Please be aware that we will not acknowledge receipt of this letter of recommendation.

◆ Recommender's Name: _____ Date: _____
(Please fill in the column above in block capital letters.) Year Month Day

◆ Recommender's Address and Telephone Number: Zip code: _____
 _____ () _____

◆ Title and Institution: _____

◆ Relationship to the applicant: _____

Please rank the applicant in comparison with students who have equivalent academic ability by marking in the appropriate box.

A: Excellent (Upper 10%)	B: Good	C: Average	D: Below average	X: Unknown
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Please check the degree of your overall evaluation on the applicant by marking in the appropriate box.

Strongly recommended
 Recommended
 Not recommended

Remarks: Please describe both strong and weak aspects of applicant's abilities, and special notes, if any. (Optional)
 *Please fill in the columns below or create a separate letter of recommendation (A4-size) with your signature.

Recommender's signature _____

* Please enclose this form and your letter of recommendation in a sealed envelope and sign it across the seal. Return the signed, sealed envelope to the applicant. You may send it to the following address directly if it is difficult to return it to the applicant for some reasons. In that case, please tell the applicant that you mail it directly to us and make sure to send it by registered mail.