**Letter of Recommendation from the Faculty Member**

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| Candidate’s name: |
| Faculty Member’s name | PrintSignature： Date：  |

Please evaluate the following characteristics of the applicant by placing a check mark (✓) in the appropriate box below. The student should be compared with his/her peers at the University of Aizu.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Outstanding(Top 10 %) | Above Average | Average | Below Average | Bottom10% | N/A |
| 1. Academic Effort |  |  |  |  |  |  |
| 2. Academic Performance |  |  |  |  |  |  |
| 3. Sociability |  |  |  |  |  |  |
| 4. Leadership Abilities |  |  |  |  |  |  |
| 5. Open- mindedness |  |  |  |  |  |  |
| 6. Maturity |  |  |  |  |  |  |

Please comment on any circumstances/facts about the applicant that we should be aware. Please return this letter to the student in a sealed envelope.

*\*This form can be also available from: http://www.uaizu.ac.jp/osip/dispatch/index.html*