**Letter of Recommendation from the Faculty Member**

|  |  |
| --- | --- |
| Candidate’s name: | |
| Faculty  Member’s  name | Print  Signature： 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 | Bottom  10% | 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*