

LETTER of RECOMMENDATION

To the President of Nihon Fukushi University

On behalf of the below written person who has intention to apply to the Doctoral Course of the Nihon Fukushi University Graduate School of Social Well-Being and Development, hereinafter referred to as "Applicant", I write this letter of recommendation as follows:

【APPLICANT TO BE RECOMMENDED】

Name in capital print letters:

_____ family name _____ first name _____ middle name
Occupation: _____
Title/Position: _____
Organization: _____
Address: _____

1. Relationship to the Applicant

1.1 Time and circumstances to become acquainted with the Applicant

1.2 Length of acquaintance with the Applicant

For _____ year(s) _____ month(s)

1.3 Frequency and place(s) of meeting with the Applicant

☐ Very often ☐ Often ☐ Occasionally ☐ Rarely

Place(s) to meet: _____

2. Evaluation for the Applicant

2.1 Knowledge, skills and ability

**fill in the blanks with A to D; A: Outstanding, B: Good, C: Fair, D: Poor*

- | | |
|---|--------|
| 1) General knowledge | () |
| 2) Faculty of oral and written expression | () |
| 3) Faculty of conceptualization | () |
| 4) Analytical skills | () |
| 5) Originality and creativity | () |
| 6) Initiative | () |

2.2 Personality and characteristics from the viewpoints of interpersonal relations and leadership

**Submission of 'LETTER of RECOMMENDATION' is optional.*

3 Applicant's Career Development after Graduation

3.1 A commitment to the Applicant to professional assignment after graduation

☐ I have ☐ I do not have

3.2 Possibility of advancement in the Applicant's career by obtaining doctorate

☐ Every ☐ Some ☐ Little ☐ Uncertain

4 Additional Comments (if any)

I hereto ensure that every statement in this letter is veracious and the Applicant is eligible for Doctoral study and research in the field of international social development, and hereby recommend the Applicant to the Doctoral Course of the Nihon Fukushi University Graduate School of Social Well-Being and Development, in my name as of the day and year below written.

Signed on the _____ (Date) day of _____ (Month), _____ (Year)

Signature

Name in capital print letters:

☐ Mr ☐ Ms ☐ Dr

family name

first name

middle name

Occupation:

Title/Position: _____

Organization: _____

Address:

Phone: _____

E-mail: _____

NOTE: This form shall be completed, enclosed in an envelope and sealed up before returning to the Applicant,

**Submission of 'LETTER of RECOMMENDATION' is optional.*

solely by the Recommender. The Recommender may write another optional letter of recommendation with his/her signature, which shall be enclosed in the same envelope.