

RECOMMENDATION FORM

Applicant's name (in print):

Family name

First name

Middle name

To the Recommender:

This person named above is applying for "Ajinomoto Scholarship". We would appreciate if you gave us your opinion of the applicant's academic abilities, together with some comments on his/her character and potential that he/she would be leading the future Asia and contribute to the friendship between his/her country and Japan. Please fill in the below questions and write your recommendation in English or in Japanese. In order to ensure confidentiality, please place this in an envelope, sign the seal and return to the applicant. **We welcome early submission to the candidate.** Thank you for your cooperation and would like to assure you that your comments will carefully be considered.

How long have you known the applicant? From _____ To _____
In what capacity? _____

Please identify the group to which you are comparing the applicant:

☐ Undergraduate students ☐ Master's level students
☐ Others (Please identify the specific group): _____

How many years, approximately, have you evaluated people in this group? _____

How many people are in the group, in round numbers, totaled over those years? _____

Please rate the applicant relative to others in the group.

	Exceptional Top 2%	Excellent Top 5%	Very Good Top 10%	Good Top 25%	Average 50%	Poor Below 50%	N/A
Academic Performances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and Originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for Graduate Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reasons for Recommendation

Please give us your contact information:

Name of Recommender:

Post or Position

Institution

Address:

E-mail:

TEL: _____

FAX: _____

Date: _____ Signature_____