

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.