

HOKKAIDO UNIVERSITY SHORT-TERM EXCHANGE PROGRAM (HUSTEP)

Student Exchange Division, Academic Affairs Department

Kita 15, Nishi 8, Kita-Ku, Sapporo, 060-0815, JAPAN

Recommendation Letter

To be completed by the referee:

Note: This recommendation should be completed by a faculty member in an academic field closely related to the applicant's major (not a language teacher).

Name of applicant: _____

1. How long have you known the applicant? In what capacity?

2. Please rate the applicant's academic ability in comparison with students at the same level of study.

Top 5% ____ Top 10% ____ Top 25% ____ Top 40% ____ Other ____

3. Please rate the applicant in the following areas, using an A~D scale (A = outstanding; B = good; C = average; D = below average; U=unable to evaluate):

Quality of work: ____ Communication Skills: ____ Ability to work with others: ____

Diligence: ____ Motivation: ____ Maturity: ____ Adaptability: ____

4. Please give your candid opinion regarding the applicant's academic performance, character and adaptability. Use a separate sheet of paper, if necessary.

Full Name: _____

Title/Position: _____

Department/University: _____

Contact Details: 1) Tel: _____ 2) E-mail: _____

Signature: _____ Date: _____

Note: After completing this form, insert it into an envelope, seal and sign your name over the seal. The envelope should be sent either to the applicant or to your institution's International Office.