

推 薦 状  
LETTER OF RECOMMENDATION

注意：出願者は、この用紙への記入を、外国の出身高校における出願者の学校生活全体を最もよく把握している校長または教員に依頼すること。

Note: This form must be completed by the applicant's high school principal, high school teacher, or high school counselor who is most familiar with the applicant's ability and skills demonstrated throughout his/her high school years. (Please write or print in block letters.)

Family name	First name
出願者氏名 Name of Applicant _____	
出願学部 Name of Faculty Applied to: (Please check only ONE of the boxes below)	
<input type="checkbox"/> 文学部 - Faculty of Letters	
<input type="checkbox"/> 経済学部 - Faculty of Economics	
<input type="checkbox"/> 法学部 (法律学科) - Faculty of Law (Department of Law)	
<input type="checkbox"/> 法学部 (政治学科) - Faculty of Law (Department of Political Science)	
<input type="checkbox"/> 商学部 - Faculty of Business and Commerce	
<input type="checkbox"/> 医学部 - School of Medicine	
<input type="checkbox"/> 理工学部 - Faculty of Science and Technology	
<input type="checkbox"/> 総合政策学部 - Faculty of Policy Management	
<input type="checkbox"/> 環境情報学部 - Faculty of Environment and Information Studies	
<input type="checkbox"/> 薬学部 (薬学科) - Faculty of Pharmacy (Department of Pharmacy)	
<input type="checkbox"/> 薬学部 (薬科学科) - Faculty of Pharmacy (Department of Pharmaceutical Sciences)	

Note: Please complete this form and return it to the applicant in a sealed envelope so that it can be included in his/her application, or send it directly to the Keio University Admissions Center by post.

- How long have you known the applicant?
- In what capacity have you known the applicant?
- Please evaluate the applicant in each of the following aspects:

	Excellent	Good	Satisfactory	Fair	Poor
Intellectual ability	_____	_____	_____	_____	_____
Imagination and creativity	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____
Independence	_____	_____	_____	_____	_____
Collaborative skills	_____	_____	_____	_____	_____

4. Please comment on the applicant's academic ability and personality traits which you believe will be helpful in considering his/her application.

5. Please comment on the applicant's special skills and qualities demonstrated during his/her high school career.

6. If you have a ranking of your students' academic performance, please indicate the applicant's ranking.

Applicant's rank \_\_\_\_\_ Class size \_\_\_\_\_

7. What is your overall evaluation of the applicant?

- |  |  |
|--|--|
| <input type="checkbox"/> Strongly recommended          | <input type="checkbox"/> Recommended     |
| <input type="checkbox"/> Recommended with reservations | <input type="checkbox"/> Not recommended |

Signature \_\_\_\_\_ Date \_\_\_\_\_

Recommender's name in block letters \_\_\_\_\_

Current position or title \_\_\_\_\_

Name of high school \_\_\_\_\_

Address of high school \_\_\_\_\_ Zip code \_\_\_\_\_

E-mail address \_\_\_\_\_

\* As much as possible, please write an official e-mail address issued by the high school.