

学籍番号	※Do not fill in this field
受験番号	※Do not fill in this field

Letter of Recommendation

____ / ____ / ____
Month Day Year

To the President of Miyazaki International University

Name of the School	
Name of the Recommender *	
Title of the Recommender	

Official Seal
of the
principal or
teacher

* The recommender must be either the principal or a teacher of the school from which the candidate last graduated. Name of the recommender must be handwritten.

I acknowledge that the following person is suitable as a student of your university and recommend him/her for admission.

Name: _____ Sex: _____ Date of Birth: ____ / ____ / ____
Month Day Year

Please describe the reasons for your recommendation for each criteria below.

Candidate's level of knowledge and technical skills, thinking skills, decision making skills, expressiveness	
Candidate's attitude toward learning. Ability to learn independently, ability to work collaboratively with others?	
Candidate's character, abilities, interests, approach and attitude toward learning, and other special skills	

Please do not fill in the field indicated by ※.