(Form4)

＿＿＿年＿＿月＿＿日
Year Month Day

推　薦　書
Recommendation Form

京都情報大学院大学
学長　　長谷川　利治 殿
To: Dr. Toshiharu Hasegawa, President
The Kyoto College of Graduate Studies for Informatics

所属機関＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿
Name of School or Organization
役　　職＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿
Official Position
推薦人氏名＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿
Your Name
署　　名＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿＿
Your Signature

Note: Please describe the applicant based on the following: a)nature and period of relationship, b)his/her discipline and attendance at school or work, c)his/her independence and self-confidence, d)his/her teamwork and leadership skills, e)overall potential for graduate studies in Japan, f) other comments about his/her personal character and capabilities.
下記のとおり相違ないことを証明し，貴学入学者として推薦します。
To the best of my knowledge I recommend this applicant.

志願者氏名 Applicant Name	英語ブロック体 Print in block letters ＿＿＿＿ Family name　＿＿＿＿ First name　＿＿＿＿ Middle name 漢字（あれば）Chinese(kanji) characters（if applicable） 氏＿＿＿＿＿＿＿＿ Family name　名＿＿＿＿＿＿＿＿ Given name(s)		
国籍（地域） Nationality		出生国 Country of Birth	
生年月日 Date of Birth	１９＿＿＿年＿＿＿月＿＿＿日 Year Month Day	性別 Sex	□男 Male　□女 Female

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