

2018-2019 Doshisha University Student Exchange Program

Letter of Recommendation

*Applicants must fill in his/her name, student ID number and affiliated faculty/graduate school and hand this form to the reference person (full time faculty of affiliated faculty/graduate school).

Name		Student ID number	
Affiliation			

* The following shall be filled in by the reference person. (Please write in Japanese or English.)

The reference person MUST affix his/her seal or signature to the letter of recommendation and hand it back to the applicant in a <sealed> envelope.

I hereby recommend the person whose name appears above as a student exchange candidate.

Date (DD/MM/YYYY): _____

Faculty / School: _____ Position: _____

Name: _____ (Signature) _____

Special Notes (Only if available)

* Letter of Recommendation is not considered in the screening process.