## 2026-2027 Doshisha University Student Exchange Program Period B

## Letter of Recommendation

\*Applicants must fill in his/her name, student ID and affiliated Faculty/Graduate School and hand this form to the recommender (full time faculty of affiliated faculty/graduate school).

	Name			Student 10			
	Affiliation						
	The following sha	all be filled in b	by the recomme	nder. (Pleas	se write in s	Japanese o	or_
The	e reference pers	on MUST affix his,	her seal or s	ignature to	the letter	of recomme	endation
and	d hand it back t	o the applicant ir	n a <sealed> e</sealed>	nvelope. If	it cannot b	e given to	)
stu	udents by the de	adline, please sig	gn and submit	the letter o	f recommend	ation dire	ectly to
01/	l in person at t	he office or by po	st. For reaso	ns of data p	rotection,	please do	not
sub	omit your data a	s an email attach	nent; if you w	ish to submi	t your data	as PDF do	<del></del> ita,
ple	ease use the fol	lowing URL and up	load the data.				<del></del>
htt	ps://webdisk.dos	hisha.ac.jp/public	/KgZLQq8NLw0sK_	_Px683YVvfWQC	4eKEvInPCBtx	«ArPtTt	
Sub	omission period	October 24 <sup>th</sup> (Fri.)	November 6	''' (Thu.) 202	<u>25</u>		
	hereby recommend ndidate.	d the person who	se name appea	rs above as	a student	exchange	program
Dat	e (DD/MM/YYYY):						
Fac	ulty / School:		<u> </u>	osition:			
NI			(Signature)				
Nam	le•		(Signature)				
Spe	ecial Notes (If	<sup>:</sup> any)					

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