## 2024-2025 Doshisha University Student Exchange Program Period A 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 ID	
	Affiliation		
Eng	ulish.	all be filled in by the recommender. (Please write in <u>Japanese</u> bmit the letter of recommendation directly to OIA in person at	
		For reasons of data protection, please do not submit your date	
		if you wish to submit your data as PDF data, please use the fo	llowing
	ps://webdisk.dos	hisha.ac.jp/public/4N4jAyiNQ_DmKIboXBNI5jb-T+Tbwnf2AXBASKezJ60E	
Sub	mission period	June 5 <sup>th</sup> (Mon.) ~ June 13 <sup>th</sup> (Tue.) 2023	
pro	nereby recommend ogram candidate. e (DD/MM/YYYY):	the person whose name appears above as a student exchange/	EU campus
Fac	ulty / School:	Position:	
Nam	e:	(Signature)	
Spe	ecial Notes (If	any)	

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