

APPLICANT	
Complete this section and give one set of the forms to your academic advisor and/or the professor who best knows your academic abilities.	
Applicant Name:	
I hereby agree to waive my right to access the information contained in this reference.	
Applicant's Signature:	Date:
REFEREE	
*This section is to be completed by referee.	
The selection committee will review the applicant's academic record, motivation, maturity and ability to adapt to life with people from different backgrounds and cultures. We appreciate your evaluation of the applicant. The application deadline is April 1 for Fall admission and November 1 for Spring admission.	
How long and in what capacity have you known the candidate?	
Please evaluate the applicant on the scale of: A = excellent, B = very good, C = adequate, D = minimal potential, E = poor, X = no opinion.	
Current Academic Performance	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> X
Maturity	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> X
Flexibility/Adaptation to New Situations	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> X
Communication Skills	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> X
Cooperation	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> X
Overall recommendation:	<input type="checkbox"/> I highly recommend this applicant <input type="checkbox"/> I recommend this applicant <input type="checkbox"/> I recommend this applicant with reservation <input type="checkbox"/> I do not recommend this applicant
Name:	
Position:	
Institution:	
Phone:	E-mail:
Signature:	Date:
Center for International Affairs Akita International University Yuwa, Akita-City 010-1292 Japan Phone:81-18-886-5936/7 Fax:81-18-886-5853 E-mail: international@aiu.ac.jp	

It would be appreciated if you could type on this form or a separate sheet of paper your evaluation of the applicant regarding: the applicant's academic and non-academic strengths, and/or any reservations you may have about the applicant's participation in the program.

Signature _____

Date _____