

| APPLICANT  |                          |                              |                          |   |                          |   |                          |   |                          |   |                          |   |          |                          |   |                          |   |                          |   |                          |   |                          |   |  |                          |   |                          |   |                          |   |                          |   |                          |   |                      |                          |   |                          |   |                          |   |                          |   |                          |   |             |                          |   |                          |   |                          |   |                          |   |                          |   |
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| <p>Complete this section and give one set of the forms to your academic advisor and/or the professor who best knows your academic abilities.</p>   |                          |                              |                          |   |                          |   |                          |   |                          |   |                          |   |          |                          |   |                          |   |                          |   |                          |   |                          |   |  |                          |   |                          |   |                          |   |                          |   |                          |   |                      |                          |   |                          |   |                          |   |                          |   |                          |   |             |                          |   |                          |   |                          |   |                          |   |                          |   |
| <p>Applicant Name:</p>   |                          |                              |                          |   |                          |   |                          |   |                          |   |                          |   |          |                          |   |                          |   |                          |   |                          |   |                          |   |  |                          |   |                          |   |                          |   |                          |   |                          |   |                      |                          |   |                          |   |                          |   |                          |   |                          |   |             |                          |   |                          |   |                          |   |                          |   |                          |   |
| <p>I hereby agree to waive my right to access the information contained in this reference.</p>   |                          |                              |                          |   |                          |   |                          |   |                          |   |                          |   |          |                          |   |                          |   |                          |   |                          |   |                          |   |  |                          |   |                          |   |                          |   |                          |   |                          |   |                      |                          |   |                          |   |                          |   |                          |   |                          |   |             |                          |   |                          |   |                          |   |                          |   |                          |   |
| Applicant's Signature:   | Date:                    |                              |                          |   |                          |   |                          |   |                          |   |                          |   |          |                          |   |                          |   |                          |   |                          |   |                          |   |  |                          |   |                          |   |                          |   |                          |   |                          |   |                      |                          |   |                          |   |                          |   |                          |   |                          |   |             |                          |   |                          |   |                          |   |                          |   |                          |   |
| REFEREE  |                          |                              |                          |   |                          |   |                          |   |                          |   |                          |   |          |                          |   |                          |   |                          |   |                          |   |                          |   |  |                          |   |                          |   |                          |   |                          |   |                          |   |                      |                          |   |                          |   |                          |   |                          |   |                          |   |             |                          |   |                          |   |                          |   |                          |   |                          |   |
| <p>*This section is to be completed by referee.</p> <p>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. Please complete the forms (two pages) and return them to the address below in a signature-sealed envelope by the application deadline, April 1 for Fall Semester candidates, and November 1 for Spring Semester candidates.</p>   |                          |                              |                          |   |                          |   |                          |   |                          |   |                          |   |          |                          |   |                          |   |                          |   |                          |   |                          |   |  |                          |   |                          |   |                          |   |                          |   |                          |   |                      |                          |   |                          |   |                          |   |                          |   |                          |   |             |                          |   |                          |   |                          |   |                          |   |                          |   |
| <p>How long and in what capacity have you known the candidate?</p>   |                          |                              |                          |   |                          |   |                          |   |                          |   |                          |   |          |                          |   |                          |   |                          |   |                          |   |                          |   |  |                          |   |                          |   |                          |   |                          |   |                          |   |                      |                          |   |                          |   |                          |   |                          |   |                          |   |             |                          |   |                          |   |                          |   |                          |   |                          |   |
| <p>Please evaluate the applicant on the scale of:<br/>                     A = excellent, B = very good, C = adequate, D = minimal potential, E = poor, X = no opinion.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 40%;">Current Academic Performance</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">A</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">B</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">C</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">D</td> <td style="width: 10%;"><input type="checkbox"/></td> <td style="width: 10%;">X</td> </tr> <tr> <td>Maturity</td> <td><input type="checkbox"/></td> <td>A</td> <td><input type="checkbox"/></td> <td>B</td> <td><input type="checkbox"/></td> <td>C</td> <td><input type="checkbox"/></td> <td>D</td> <td><input type="checkbox"/></td> <td>X</td> </tr> <tr> <td>Flexibility/Adaptation to New Situations</td> <td><input type="checkbox"/></td> <td>A</td> <td><input type="checkbox"/></td> <td>B</td> <td><input type="checkbox"/></td> <td>C</td> <td><input type="checkbox"/></td> <td>D</td> <td><input type="checkbox"/></td> <td>X</td> </tr> <tr> <td>Communication Skills</td> <td><input type="checkbox"/></td> <td>A</td> <td><input type="checkbox"/></td> <td>B</td> <td><input type="checkbox"/></td> <td>C</td> <td><input type="checkbox"/></td> <td>D</td> <td><input type="checkbox"/></td> <td>X</td> </tr> <tr> <td>Cooperation</td> <td><input type="checkbox"/></td> <td>A</td> <td><input type="checkbox"/></td> <td>B</td> <td><input type="checkbox"/></td> <td>C</td> <td><input type="checkbox"/></td> <td>D</td> <td><input type="checkbox"/></td> <td>X</td> </tr> </table> |                          | Current Academic Performance | <input type="checkbox"/> | A | <input type="checkbox"/> | B | <input type="checkbox"/> | C | <input type="checkbox"/> | D | <input type="checkbox"/> | X | Maturity | <input type="checkbox"/> | A | <input type="checkbox"/> | B | <input type="checkbox"/> | C | <input type="checkbox"/> | D | <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"/> | X | Communication Skills | <input type="checkbox"/> | A | <input type="checkbox"/> | B | <input type="checkbox"/> | C | <input type="checkbox"/> | D | <input type="checkbox"/> | X | Cooperation | <input type="checkbox"/> | A | <input type="checkbox"/> | B | <input type="checkbox"/> | C | <input type="checkbox"/> | D | <input type="checkbox"/> | X |
| Current Academic Performance   | <input type="checkbox"/> | A                            | <input type="checkbox"/> | B | <input type="checkbox"/> | C | <input type="checkbox"/> | D | <input type="checkbox"/> | X |                          |   |          |                          |   |                          |   |                          |   |                          |   |                          |   |  |                          |   |                          |   |                          |   |                          |   |                          |   |                      |                          |   |                          |   |                          |   |                          |   |                          |   |             |                          |   |                          |   |                          |   |                          |   |                          |   |
| Maturity   | <input type="checkbox"/> | A                            | <input type="checkbox"/> | B | <input type="checkbox"/> | C | <input type="checkbox"/> | D | <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"/> | X |                          |   |          |                          |   |                          |   |                          |   |                          |   |                          |   |  |                          |   |                          |   |                          |   |                          |   |                          |   |                      |                          |   |                          |   |                          |   |                          |   |                          |   |             |                          |   |                          |   |                          |   |                          |   |                          |   |
| Communication Skills   | <input type="checkbox"/> | A                            | <input type="checkbox"/> | B | <input type="checkbox"/> | C | <input type="checkbox"/> | D | <input type="checkbox"/> | X |                          |   |          |                          |   |                          |   |                          |   |                          |   |                          |   |  |                          |   |                          |   |                          |   |                          |   |                          |   |                      |                          |   |                          |   |                          |   |                          |   |                          |   |             |                          |   |                          |   |                          |   |                          |   |                          |   |
| Cooperation  | <input type="checkbox"/> | A                            | <input type="checkbox"/> | B | <input type="checkbox"/> | C | <input type="checkbox"/> | D | <input type="checkbox"/> | X |                          |   |          |                          |   |                          |   |                          |   |                          |   |                          |   |  |                          |   |                          |   |                          |   |                          |   |                          |   |                      |                          |   |                          |   |                          |   |                          |   |                          |   |             |                          |   |                          |   |                          |   |                          |   |                          |   |
| <p>Overall recommendation:</p> <p style="margin-left: 40px;"> <input type="checkbox"/> I highly recommend this applicant<br/> <input type="checkbox"/> I recommend this applicant<br/> <input type="checkbox"/> I recommend this applicant with reservation<br/> <input type="checkbox"/> I do not recommend this applicant                 </p>   |                          |                              |                          |   |                          |   |                          |   |                          |   |                          |   |          |                          |   |                          |   |                          |   |                          |   |                          |   |  |                          |   |                          |   |                          |   |                          |   |                          |   |                      |                          |   |                          |   |                          |   |                          |   |                          |   |             |                          |   |                          |   |                          |   |                          |   |                          |   |
| <p>Name:</p>   |                          |                              |                          |   |                          |   |                          |   |                          |   |                          |   |          |                          |   |                          |   |                          |   |                          |   |                          |   |  |                          |   |                          |   |                          |   |                          |   |                          |   |                      |                          |   |                          |   |                          |   |                          |   |                          |   |             |                          |   |                          |   |                          |   |                          |   |                          |   |
| <p>Position:</p>   |                          |                              |                          |   |                          |   |                          |   |                          |   |                          |   |          |                          |   |                          |   |                          |   |                          |   |                          |   |  |                          |   |                          |   |                          |   |                          |   |                          |   |                      |                          |   |                          |   |                          |   |                          |   |                          |   |             |                          |   |                          |   |                          |   |                          |   |                          |   |
| <p>Institution:</p>  |                          |                              |                          |   |                          |   |                          |   |                          |   |                          |   |          |                          |   |                          |   |                          |   |                          |   |                          |   |  |                          |   |                          |   |                          |   |                          |   |                          |   |                      |                          |   |                          |   |                          |   |                          |   |                          |   |             |                          |   |                          |   |                          |   |                          |   |                          |   |
| Phone:   | E-mail:                  |                              |                          |   |                          |   |                          |   |                          |   |                          |   |          |                          |   |                          |   |                          |   |                          |   |                          |   |  |                          |   |                          |   |                          |   |                          |   |                          |   |                      |                          |   |                          |   |                          |   |                          |   |                          |   |             |                          |   |                          |   |                          |   |                          |   |                          |   |
| Signature:   | Date:                    |                              |                          |   |                          |   |                          |   |                          |   |                          |   |          |                          |   |                          |   |                          |   |                          |   |                          |   |  |                          |   |                          |   |                          |   |                          |   |                          |   |                      |                          |   |                          |   |                          |   |                          |   |                          |   |             |                          |   |                          |   |                          |   |                          |   |                          |   |
| <p>Division of International Affairs<br/>                     Akita International University<br/>                     Yuwa, Akita-City 010-1292 Japan<br/>                     Phone:81-18-886-5936/7 Fax:81-18-886-5910<br/>                     E-mail: international@aiu.ac.jp</p>  |                          |                              |                          |   |                          |   |                          |   |                          |   |                          |   |          |                          |   |                          |   |                          |   |                          |   |                          |   |  |                          |   |                          |   |                          |   |                          |   |                          |   |                      |                          |   |                          |   |                          |   |                          |   |                          |   |             |                          |   |                          |   |                          |   |                          |   |                          |   |

