

APPLICANT	
Complete this section and give one set of the forms to your academic advisor and/or a 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. 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.	
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"/> 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
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:
<p>Division of International Affairs Akita International University 193-2 Okutsubakidai, Yuwa, Akita 010-1211, Japan Phone:81-18-886-5936/7 Fax:81-18-886-5910 E-mail: studyabroad@aiu.ac.jp</p>	

Please 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 _____