**推　薦　書※**

**（学部及び大学院受講希望者のみ）**

**Recommendation Form※**

**(For Undergraduate and Graduate Course Applicants Only)**

**※ 担当指導教員又はそれに準ずる教員が、日本語又は英語でご記入ください。**

**This form should be completed in either Japanese or English by the applicant’s academic advisor or by an instructor who has taught the applicant.**

**中部大学　御中　To: Chubu University**

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| 志願者氏名　 | カタカナ： |  | 漢字： |  |
| 　Applicant’s Name | ローマ字： |  |

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| 推薦者氏名　Name of Referee |  | 役職名Title or Position |  |
| 教育機関名　Name of Institution |  |  |  |
| 教育機関住所Address　 |  | 電話番号　Telephone |  |
| 志願者を教えた期間How long have you known the applicant? |  | 年years |  | ヶ月間months | 週hours/week |  | 時間 |

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| 志願者の学力・人物・留学適応性等について、意見を詳しく書いてください。Please write your comments about the applicant’s academic performance, character, adaptability, etc. |
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| **推薦者 署名Signature** |  | **日　　付****Date** | **年 　　月 日** |

* **この推薦書を封筒に入れ、署名・封緘した上で、志願者にお渡しください。（志願者には開封しないよう、ご指導願います。）**