MEIKALUNIVERSITY SCHOOL OF HOSPITALITY & TOURISM MANAGEMENT GLOBAL MANAGEMENT MAJOR LETTER OF RECOMMENDATION / SCHOOL REPORT

FOR SCHOOL DEAN / DEPARTMENT HEAD / ACADEMIC ADVISOR

Student's	ame			Date of Birth	Date of Birth	
	Family	Given	Middle		Year/Month/Date	
Address _					- Control of the Cont	
	Student: he top portion of this foon.	orm before giving	j it to your Dean,	Department Head o	or Academic Advisor for	
Please :	submit by April 18	(Fri.), 2025				
Importan	t: The report must reach courier delivery (DHL, I	Meikai University FedEx, etc.).	before the deadlin	e. We recommend ex	kpress registered mail or	
The stude fair consider and attention of the confider	Dean / Department Hont above is applying for a deration of all candidates tion. Thank you.	idmission to Meika . This report is an	ai University. A cand important part of o	ur evaluation and wil		
Meikai Un	iversity will guarantee the	strict confidentia	lity of your letter of	recommendation.		
indicate	vish to send a letter dired ed above and highly reco give this report <u>in a sealed</u>	mmend express r	egistered mail or co	to observe the dead ourier delivery (DHL,	lline which your student FedEx, etc.). Otherwise	
	s: Admissions Center Mei 1, Akemi, Urayasu, Chib admissions-center@me 047-355-1101 (from abr	oa, 279-8550, Japar eikai.ac.jp	·			
□ Dea	artment Head	A1		, please attach.)		
☐ Acad	Name demic Advisor er	of the Departmer	nt			
◆Junior c	ollege or University Webs	ite: <u>http(s)://</u>		A 100 mm		

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LETTER OF RECOMMENDATION / SCHOOL REPORT

Please fill in the next page or attach a separate sheet to evaluate the student's academic ability and motivation, seriousness of purpose and promise of achievement. If possible, please include information about the candidate's organizational and leadership skills and other personal qualities. We would like to know both the personal strengths and weakness in order to differentiate this student from other candidates.

■This information is based Information in files	•	☐ Interview ☐ Others		
■I recommend this studen □ Not Recommended		University: ☐ Fairly Strongly ☐ Strongly	☐ Enthusiastically	
Name				
		Fax		
Email				
Signature		Date		

	TT	/F 7 (c.)
FORM	Щ	For Transfer Student applicants only >

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Thank you very much for your cooperation.

Signature ______Date _____