

Letter of Recommendation 1 / 2

MEIKAI UNIVERSITY SCHOOL OF HOSPITALITY & TOURISM MANAGEMENT GLOBAL MANAGEMENT MAJOR LETTER OF RECOMMENDATION

FOR INSTRUCTORS

		101	(III) INOCIONS		
Student's	Name			Date of Birth _	
	Family	Given	Middle		Year/Month/Date
Address _					
To the S Fill out the Check the Ca Ca Ca	Student: etop portion of this form category of admission wategory A: by Octotegory B: by Nove tegory C: by Dece	hich you are plann ber 11 (Fri.) mber 8 (Fri.) mber 6 (Fri.)	, ing to apply for. , 2024 , 2024 , 2024	·	
Englisl <u>The re</u>	n, social studies, mathen	natics, science or fo	oreign language.)	2.	ore academic subject (e.g. registered mail or courier
The stude fair consid			•	•	al to ensure complete and rill be read with great care
	ntiality: iversity will guarantee th	ne strict confidentia	ality of your letter o	of recommendation.	
indicate		ommend express r	registered mail or		adline which your student L, FedEx, etc.). Otherwise
Address Email: Tel:	s: Admissions Center Me 1, Akemi, Urayasu, Chi admissions-center@n 047-355-5116 (from ab	ba, 279-8550, Japa neikai.ac.jp	n		
◆How lor	ng have you known this s	tudent and in what	t context?		

◆Which course(s) did this student take from you? When?

Signature _____

If you have a business card, please attach.

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Please write a letter of recommendation addressing the fo	llowing points on a separate sheet of paper.					
 How do you evaluate this student's academic work and competence? How would you describe the student's motivation, seriousness of purpose and promise of achievement? Specific examples are especially helpful. 						
2) If you are familiar with the student's co-curricular ac leadership skills and/or other personal qualities.	tivities, please describe the applicant's organizational and					
3) Is there anything that particularly distinguishes this s applicant that may help us fairly evaluate him/her.	student? Please add any other information concerning the					
◆I recommended this student for admission to Meikai Uni □ Not Recommended □ With Reservations □						
Name	Position/Title					
Name of Institution						
Address of Institution						

_____ Date _____

Tel ______ Fax _____