Form III

LETTER OF RECOMMENDATION (NON-SCHOLARSHIP)

To : Dean

Graduate School of Health Sciences University of the Ryukyus

Recommendee

Full Name:_____

Date of Birth:_____

Nationality:

* English Language Proficiency: Please evaluate recommendee's level and fill in with an (\times) where appropriate.

	Excellent	Good	Fair
Reading			
Writing			
Speaking			

	Date: ,				
		(month)	(day)	(year)	
Recommender					
Signature:					
Printed Name:					
r miled Name					
Title and Institution (or Company):					
Present Address:					