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 (×) where appropriate.

	Excellent	Good	Fair
Reading			
Writing			
Speaking			

Date: _____ (month) _____ (day), _____ (year)

Recommender

Signature: _____

Printed Name: _____

Title and Institution (or Company): _____

Present Address: _____