

**STEP-YU  
Letter of Reference (Confidential Report)**

*Please complete this form in English or Japanese, place it in a sealed envelope marked 'confidential' and return it to the candidate to be included in his/her completed application. Note that hand-written documents will not be accepted.*

Name of Applicant \_\_\_\_\_

Name of Referee \_\_\_\_\_

Occupation, Title, Field \_\_\_\_\_

University \_\_\_\_\_

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

How well, how long, and under what conditions have you known the candidate?

The Selection Committee is particularly interested in knowing about the candidate's future potential in their chosen field, evidence of their motivation, character and sense of responsibility, and also whether you feel this is an appropriate time for the candidate to continue their academic career in Japan. Please feel free to use the back of this page and additional sheets if necessary.

Does the applicant need any assistance or learning support for their illness or disability?

No       Yes (Please briefly explain) \_\_\_\_\_

*Please rank the applicant against other students you have known/taught at similar stages in their studies:*

	Excellent	Very good	good	Average	Below average
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation and seriousness of purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future promise in thr field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional stability and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability to new situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative and leadership qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for taking the time to fill in this form.*