|  |
| --- |
| For qualification of application |

|  |  |
| --- | --- |
| ID Number | ※ |

Please do not fill in the column marked ※.

Letter of Recommendation

(Date)

To: Director, Graduate School of Science and Technology,

University of Toyama

Name of university

　　　　　　　　　　　　　　　　　Name of post

Name of nominator

　The following person is recommended for admission to the Master's Course of the Graduate School of Science and Engineering at University of Toyama.

record

Name

Reason for recommendation and suitability for admission

|  |
| --- |
|  |