

YEAR-IN-JAPAN PROGRAM RECOMMENDATION (1)

Name of Applicant _____

College currently attending _____

I hereby waive my rights of access to this recommendation as provided in the Educational Rights and Privacy Act of 1974.

Signature Date

To the applicant: *Complete the top part of the form. Your application requires two faculty recommendations, one should be a Japanese language instructor and the other from a non-language faculty member. If there is another person you feel is better qualified to comment on your preparedness to study abroad, feel free to include a third letter of recommendation.*

To the writer: *The above student has applied for admission to the Year-in-Japan Program. The program is for an academic year abroad under the supervision of a representative of this or a cooperating university. All students in the program live with Japanese families. Such study places unusual demands on the student, requiring a greater degree of adaptability and of concentration than is usually the case on campus. Your frank appraisal of the student will be appreciated. If the student has signed the above release, your comments will be held in confidentiality.*

1. How long have you known the student, and in what context?

2. Please rank the applicant on the following traits:

(1=excellent; 2=good; 3=fair; 4=poor; X=unknown)

academic ability	1	2	3	4	X	linguistic ability	1	2	3	4	X
adaptability	1	2	3	4	X	intellectual curiosity	1	2	3	4	X
articulateness	1	2	3	4	X	persistence	1	2	3	4	X
self-reliance	1	2	3	4	X	ability to get along with others	1	2	3	4	X
emotional maturity	1	2	3	4	X	sensitivity to others	1	2	3	4	X

3. Please comment on the applicant's academic strengths and weaknesses:

4. Please comment on the applicant's personal qualities, positive and negative, that would bear on his/her ability to adapt to the unusual demands of living and studying abroad.

5. Additional comments:

6. My overall recommendation of this candidate for admission to the Year-in-Japan Program is:

Strongly
Recommend

Recommend

Recommend with
some reservation

Do not recommend

Evaluator's name (print)	Title Department			
Address Phone number	Institution			
Signature Date	<table border="1"> <tr> <td data-bbox="812 1709 1117 1835">Return this form TO:</td> <td data-bbox="1120 1709 1539 1961" rowspan="2"> University of Hawai'i at Mānoa Study Abroad Center 1890 East-West Road Moore Hall 115 Honolulu, HI 96822 phone: (808) 956-5143 / 6958 fax: (808) 956-9319 </td> </tr> <tr> <td data-bbox="812 1835 1117 1961">BY: March 1</td> </tr> </table>	Return this form TO:	University of Hawai'i at Mānoa Study Abroad Center 1890 East-West Road Moore Hall 115 Honolulu, HI 96822 phone: (808) 956-5143 / 6958 fax: (808) 956-9319	BY: March 1
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