



This letter should be completed by the supervisor or instructor of the applicant and sent directly to Osaka University by e-mail by the application deadline.

Email address: gssadmis@sci.osaka-u.ac.jp (The Office of Graduate Admissions – Special Integrated Science Course).

Name of Applicant: _____

We would appreciate your opinion of the applicant named above for graduate admission to the Special Integrated Science Course (SISC), Osaka University. The SISC is particularly interested in an evaluation of the applicant's potential for achievement in the field of chemistry, biological science, and macromolecular science. Explicit descriptions of academic strengths and weaknesses are more helpful than routine praise. Comments about character, integrity or motivation are also appreciated, if pertinent. Please describe the experience upon which your opinion is based. Rankings should be related to other students in the same class or academic program, or other persons of comparable experience.

	Outstanding (Top 5%)	Excellent (Top10%)	Good (Top Third)	Fair (Middle Third)	Poor (Bottom Third)	Unable to judge
Intellectual ability						
Imagination and creativity						
Ability in oral expression						
Writing ability						
Quality of previous work						
Research aptitude						
Promise						

● How long have you known the applicant? _____ years _____ months

● How often do you see the applicant? Daily Weekly Monthly Rarely

● In what capacity? _____

Name of evaluator (Please print)		Position or title	
Name of institution or business		Phone	
Address		Email	

(Continued)



Osaka University

Graduate School of Science

Special Integrated Science Course

Evaluation Letter

Deadline: June 28 (Fri.), 2019

Name of Applicant: _____

To be completed by the person making the evaluation

The person named above is applying for admission to the Graduate School of Science at Osaka University. Please indicate your impressions of the applicant regarding intellectual ability, diligence, motivation, aptitude for research work, and character, as well as the reasons why the applicant is recommended for the SISC.

Name of Person making Evaluation: _____

Date: _____

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