**The University of Osaka Evaluation Letter**

Graduate School of Science

Deadline: June 13 (Fri.), 2025

Deadline: November 30th, 2018

Special Integrated Science Course

**Pages 1 and 2 of this letter should be completed by the supervisor or an instructor of the applicant qualified to evaluate the applicant’s academic achievement and sent directly to the University of Osaka 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), the University of Osaka. 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?

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

Evaluator’s signature: Date: