

Recommendation Form

Date: (YYYY/MM/DD) _____

Recommender

(Name of Graduate School) _____ (position) _____ (Name) _____

Check List

Have you made a donation to one of the following?

1. Donation to Kyushu University Centennial Project (“九州大学百周年記念事業”) Yes (YYYY/MM)

2. Donation to Kyushu University Foundation Yes (YYYY/MM)

*Faculty members (professors, associate professors, lecturers, and assistant professors) may only recommend one student per year.

*When making a nomination, the faculty member's record of donation to either the Kyushu University Centennial Project (“九州大学百周年記念事業”) or the Kyushu University Foundation must be confirmed. (If there is no donation record, the application will not be accepted.)

Nominated Student

(Name of Graduate School) _____ (Year) _____ (Name) _____

Nomination Reasons

<About the Conference (300 Japanese words)>

<About the applicant (300 Japanese words)>