**Recommendation**

Date (dd/mm/yyyy)：

President, Musashino University

Reference

Faculty：

Signature：　 　　　　　 　　　　　　　　　　　seal

According to the requirements of Musashino University Graduates Special Scholarship, I would like to recommend the following student for this scholarship.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | | |
| Student Number |  | | | |
| Faculty/School | Faculty | Department | Expected to graduate  Graduated | |
| School/Program |  | | Expected to complete Completed |
| School to attend | Country： | | | |
| Name of Graduate School/Program | | | |
| Major (course)　　　　□Master’s　　　□Doctor’s | | | |
| Recommendation　reason |  | | | |

【申請基準】武蔵野大学卒業生特別奨励金細則 第7条 抜粋

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| --- |
| （1）国外の大学院又は本学大学院にない分野の研究科を持つ大学院（修士課程又は博士後期課程等）に進学を志望している者で特に優秀な者  （2）さらなる修学を重ね、大学院修了後、本学及び社会に貢献することが見込まれる者  （3）修士課程進学希望者は本学学部を卒業又は卒業見込である者、博士後期課程進学希望者は本学学部を卒業かつ本学大学院を修了又は修了見込である者 |

※The signature space should be signed and sealed by the reference. Other fields can be filled either by handwriting or typing.

※After writing the form, please seal up and hand it to the applicant.

※The following are the faculty members who are eligible to write recommendations.

- Those planning to enroll in a master's program: The Dean of the Faculty or full-time faculty members recommended by the Dean.

- Those planning to enroll in a doctoral program: The Dean of the Graduate School or full-time graduate school members recommended by the Dean.