Kanda University of International Studies

Graduate School, TESOL Program

**Reference Form (Optional)**

Name of Applicant :

 Family / Last Name First Name

Program the applicant is applying to : □ MA (TESOL) □ Certificate (TESOL)

1. To what degree do you know the applicant? Please mark the corresponding number.

**I know the applicant:**

4 3 2 1

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 **Very well Well Somewhat Not well**

How long and in what capacity, have you known the applicant?

1. About the Applicant’s Ability: Please rate this applicant in the following categories in comparison with others whom you have taught, supervised, or worked with so far (e.g., students, co-workers), and mark the corresponding box.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Items | Top5% | Top10% | Top25% | Top50% | Below50% | Cannot judge |
| Critical thinking |  |  |  |  |  |  |
| Intellectual curiosity |  |  |  |  |  |  |
| Industriousness for goal achievement |  |  |  |  |  |  |
| Ability to collaborate with others |  |  |  |  |  |  |
| Emotional stability |  |  |  |  |  |  |
| Teaching ability (if known) |  |  |  |  |  |  |

3. How would you evaluate and recommend the applicant? If there is any example regarding the applicant’s personality, willingness, or capability, or anything specified in the above Question No. 2, please describe it. (If you need more space to write, please use a separate sheet or the back page of this sheet.)

Referee’s Name in Print Date

Affiliation Title

Address (Home / Work)

Referee’s Signature **－Please seal and return it to the applicant－**