**Form 1(ADB)**

GRADUATE SCHOOL OF GLOBAL ENVIRONMENTAL STUDIES

Photograph

(4.0 cm x 3.0 cm)

KYOTO UNIVERSITY

ADMISSION FOR MASTER’S PROGRAM

EXAMINATION IN FEBRUARY 2017

(Enrollment in October 2017)

CHECKLIST FOR DOCUMENTS SUBMISSION

FOR ELIGIBILITY SCREENING

(for **ADB-JSP** application)

Applicant’s name:

**Please check the following, and put “X” for each item if it is satisfied.**

**(1) Submission Materials for** for eligibility screening:

□ Eligibility screening application form (**Form 2(ADB)**, an Excel file)

□ Academic transcript (PDF file)

□ Graduation certificate or certificate of expected graduation (PDF file)

 □ Score record of English proficiency test (PDF file if available)

 □ Income certificates (PDF file)

**(2) Conditions for ADP-JSP**

 □ 1) Have completed or intend to complete a bachelor’s degree or its equivalent by Sep. 30, 2017.

 □ 2) Be citizens or nationals of ADB borrowing member countries (See 3. 2) in guideline)

 □ 3) Not receive any other scholarship during the period of study at Kyoto University

 □ 4) Have at least two (2) years of full-time professional working experience

 □ 5) Be aged not more than 35 years old at the time of application

 □ 6) Should agree to return to his/her home country after completion

 □ 7) Not have high-family income

 □ 8) Have proficiency in oral and written English communication skills

 □ 9) Be in good health

□ 10) Not be living or working in a country other than their home countries currently

□ 11) Not have previously studied or lived abroad

□ 12) Not be already enrolled in graduate degree programs

□ 13) Not be members of ADB, consultants, and close relatives of the aforementioned

I surely conform all of the above items are satisfied.

Date: , Name: , Signature:

\* convert this word file to a PDF file for submission of eligibility screening

**Form 4(ADB)** Page 1

Examinee’s No.

For administration use only.

GRADUATE SCHOOL OF GLOBAL ENVIRONMENTAL STUDIES

KYOTO UNIVERSITY

ADMISSION FOR MASTER’S PROGRAM

EXAMINATION IN FEBRUARY 2017

LETTER OF RECOMMENDATION

**TO BE COMPLETED BY THE APPLICANT**

Please fill in the upper portion of this page (your name, address and e-mail) and give it to the person who will be recommending you.

Name of applicant:

(Family) (First) (Middle)

Address:

E-mail address:

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**TO BE COMPLETED BY THE RECOMMENDING PARTY**

Upon completion, please return this form to the applicant in a sealed envelope, signed across the envelope seal.

**Familiarity with the applicant**

* What is your relationship with the applicant? □ Teacher/Professor □ Employer/boss
* How long have you known the applicant? years months
* How often do you meet the applicant? □ Daily □ Weekly □ Monthly □ Rarely
* Please use the space below for further explanation of your interactions with the applicant.

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**Form 4 (ADB)** Page 2

* Please provide a description of the applicant’s qualifications for graduate study (if you are/were a teacher or a professor of the applicant) or daily work (if you are/were an employer or a boss of the applicant). In this regard, please include an assessment of how this applicant compares to others whom you have known.

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* Please comment on the applicant’s aptitudes and/or inadequacies and include any other remarks that you may feel are important and relevant to his/her study or work.

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(If necessary, please write on a separate sheet and attach it to this form)

**Appraisal**

Please make an appraisal of the applicant in terms of the qualities listed below. Rate the applicant in comparison with others in the same field whom you have known or taught.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Outstanding(Top 5%) | Excellent(Top10%) | Good(Top Third) | Fair(Middle Third) | Poor(Bottom Third) | Unable to judge |
| Intellectual ability |  |  |  |  |  |  |
| Analytical ability |  |  |  |  |  |  |
| Ability in oral expression |  |  |  |  |  |  |
| Ability in written expression |  |  |  |  |  |  |
| Ability to work with others |  |  |  |  |  |  |
| Persistence/ drive |  |  |  |  |  |  |
| Originality/ creativity |  |  |  |  |  |  |

**Overall Recommendations:**

□ Strongly recommend □ Recommend □ Recommend with reservations □ Do not recommend

Name of recommending party:

Position/Title:

Affiliation:

Address:

Telephone number: Fax number:

E-mail address:

 / /

 Signature of recommending party Date (month/day/year)