		* No entry required	14 E
		Examinee' s num	
			,
		Date : Day Month,	Year
Att.: Dean, Graduate School of E	ngineering Science, Yoko	hama National University	
	Location		_
	School		_
	President/Dean	Signatur	re
	nal University (Secon eral students: Eligibi	my (0)	_
Recommended stude	nt		_
Affiliation	Department of	School/College of	_
Date of enrollment			_
Application to:	Department		_
	Unit		_
	Specialization		_
We recommend the above individ program (general) at the Graduate S Reason for recommendation		•••	naster's
Affiliation and name of the dea	an or head of the departme	ent Signatur	e
 Recommended candidates must be greater in at least ¾ of the credits e Candidates must pass all necessa 	arned.	-	

Performance ranking: Rank out of a total of students	Number of credits earned: credits (B)		
Credits with a score of 80 or more: credits (A)	Percentage of grades with a score of 80 or more (A/B): %		
Other remarks:			

(Note) This form must be sealed by the person recommending the candidate.

earn at least 90 credits.

(Note) No entry or signature is necessary from the president or dean for recommending a student enrolled in the College of Engineering Science of Yokohama National University.