Date: Day Month, Year

Att.: Dean, Graduate School of Engineering Science, Yokohama National University

Location	
School	
President/Dean	Signature

Certificate of Eligibility

Special admission for Master's Program Graduate School of Engineering Science, Yokohama National University

Recommended student		
Affiliation	Department of	
	School/College of	
Date of enrollment		
Application to:	Department	
	<u>Unit</u>	
	Specialization	

We recommend the above individual as a brilliant candidate with eligibility to apply for special admission for a master's program at the Graduate School of Engineering Science of your university.

Recommended candidates must be in the top third in the performance ranking at their departments (or equivalents) at the completion of their three years of studies. If candidates' schools do not disclose performance ranking for compelling reasons, they must obtain a score of 80 or greater in at least half of their credits earned.			
Performance ranking: Rank out of a total of students			
Credits with a score of 80 or more:	Number of credits earned:	Percentage of grades with a score of 80 or more (A/B):	
credits (A) Other remarks:	credits (B)	%	
Other remarks.			

Affiliation and name of the dean or head of department

Signature

Title and name of the person recommending the candidate (e.g., supervisor)

Signature

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

(Note) No entry or signature is necessary from the president or dean for recommending a student who graduated (or is expected to do so) from the College of Engineering Science of Yokohama National University.

Att.: Dean, Graduate School of Engineering Science, Yokohama National University

Recommendation Letter

Special admission for Master's Program, Graduate School of **Engineering Science, Yokohama National University**

Student	
Affiliated school/departmen	t
Date of enrollment	
Application to:	<u>Department</u>
	<u>Unit</u>
	Specialization
	iant candidate to apply through special admission

We recommend n for a master's program at the Graduate School of Engineering Science of your university.

Reason for recommendation		
	Name of recommending person:	Signature
	Affiliation and title:	

%Please leave it blank
Examinee's number※
/ /
Date: Day Month, Year

Motivation letter Special admission for Master's Program Graduate School of Engineering Science, Yokohama National University

	-
	Department
Preferred Department etc	Unit
	Specialization
	Educational program
	Academic supervisor
Name	
Motivation (up to 500 wor	ds)

	Form 20 E
	* No entry required
	Examinee's number *
for application to special	admission for a master's program
	Date: Day Month, Year

Enrollment Pledge

Att.: Dean, Graduate School of Engineering Sc	ience, Yokohama National Univ	versity
	Name:	Signature
If successful in this examination for special s	screening, I,	, commit to
enroll myself in the	Educational program to tak	ke a course in the
specialization of	in	the unit of
	offered at the	e Department of
in :	a master's program at the Gr	aduate School of

Engineering Science, Yokohama National University.