For the Academic Year 2024

Please do not mark in the above space.

 Please print this as a double-sided form.

Tohoku University Admission for International Baccalaureate Holders

Applicant Assessment Form

(Please ask your high school etc. to prepare this form.)

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ATTN: President of Tohoku University

School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Principal's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Form Preparer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Seal

Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Seal

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your school takes responsibility for its evaluation of the below-named applicant who holds an International Baccalaureate.

1. Applicant's Name Etc.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Phonetic Japanese (if known) |  | Gender | Date of Birth | Date/Expected Date of Graduation/Completion: |
| Name |  | Male / Female | Date: |

2. Desired School/Faculty etc.

|  |  |
| --- | --- |
| Desired School/Faculty | Desired Division/Department (Enter only if the student desires the Faculty of Science or School of Engineering) |
| School/Faculty of: | Division/Department of: |

3. Confirmation of Intent to Enroll

As a condition of applying via Tohoku University Admission for International Baccalaureate Holders, applicants must have a strong desire to study at Tohoku University and be committed to enrolling if accepted. Please confirm that this is the case with the applicant. After confirming, please enter a checkmark in the box below.

□←**The above applicant has a strong desire to study at Tohoku University and is committed to enrolling if accepted.**

4. Comments (Enter only if the applicant desires the Faculty of Arts and Letters, Faculty of Science, School of Medicine, School of Pharmaceutical Science, School of Engineering, or Faculty of Agriculture. Also, if the applicant desires the Faculty of Arts and Letters, School of Medicine, School of Engineering, or Faculty of Agriculture, please comment on his/her academic work.)

5. Applicant's Character (Enter only if the applicant desires the Faculty of Arts and Letters, School of Medicine, School of Pharmaceutical Science, School of Engineering, or Faculty of Agriculture)

(a) Describe the applicant's abilities/capabilities (comprehension, motivation, creativity, planning skills, intuition, logical thinking abilities etc.).

(b) Describe the applicant's character/behavior (initiative, determination, ambition, sense of responsibility, curiosity, public spiritedness etc.).

Notes on Completing this Form

(Applicant Assessment Form)

1. Regarding "3. Confirmation of Intent to Enroll," the form will be considered incomplete if the box is left empty. Please be sure to make a checkmark in it.

2. When downloading and preparing this Applicant Assessment Form, be sure to enter all required information, then have the school principal and the form's preparer stamp it with their seals. (See pages 16 and 18 of the application guide.)

3. Enter a response in "4. Comments" only if the applicant wishes to enter the Faculty of Arts and Letters, Faculty of Science, School of Medicine, School of Pharmaceutical Science, School of Engineering, or Faculty of Agriculture. Also, comment on the applicant's academic work only if he/she wishes to enter the Faculty of Arts and Letters, School of Medicine, School of Engineering, or Faculty of Agriculture.

4. Enter a response in "5. Applicant's Character" only if the applicant wishes to enter the Faculty of Arts and Letters, School of Medicine, School of Pharmaceutical Science, School of Engineering, or Faculty of Agriculture.