Faculty of Science

For the Academic Year 2024

Please do not mark in the above space.

 Please print this as a double-sided form.

Tohoku University Admissions for Global Entrance Examination **Ⅱ**

Applicant Assessment Form

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

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

TO　President of Tohoku University

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

Principal's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Official Seal

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

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

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

I take responsibility for its evaluation of the below-named applicant for a Global Entrance Examination**Ⅱ**.

1. Applicant's Name etc.

|  |  |  |  |
| --- | --- | --- | --- |
| Phonetic Japanese (if known) | Gender(M/F) | Date of Birth(D/M/Y) | Date/Expected Date of Graduation/Completion: / / |
| Name |  |  / / |

2. Desired School/Faculty etc.

|  |  |
| --- | --- |
| Desired School/Faculty | Department/ Course  |
| School/Faculty of: 　 Science | Department of: Department of Chemistry Advanced Molecular Chemistry Course |

3. Comments

4. Applicant's Character

(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. When downloading and preparing this Applicant Assessment Form, be sure to fill out all required information, then have the school principal and the form's preparer stamp it with their seals. (See pages 11 of the application guide.)