

受験番号	※
受付日	※

**St.Luke's International University**  
**College of Nursing**  
**Entrance Examination for Returnee Students**  
**Applicant Evaluation sheet**

Name of Applicant		
High school from which Applicant has graduated		
Country	Public      Private ( Please circle the applicable one)	High School

The above-mentioned person is applying for admission to the College of Nursing, St. Luke's International University, Tokyo. We would appreciate your personal evaluation of the applicant.  
This is not a letter of recommendation. Please provide your objective view.

- Relationship with the Applicant \_\_\_\_\_
- How long have you known the Applicant? \_\_\_\_\_
- Please compare the Applicant with peers and draw a circle (○) in the applicable box on the bottom for all items.

Evaluation item	Excellent	Good	Average	Below average	Poor
Depth of insight and wideness of perception					
Creativity					
Attitude towards own studies					
Independence / ability to act proactively					
Diligence					
Emotional stability					
Cooperativeness					
Sense of responsibility					
Manners					
Motivation to study nursing					

• Please note any specific points about the Applicant:

(Day)                      (Month)                      (Year)

\_\_\_\_\_  
Recommender's Signature  
Name  
Occupation  
Title

**【Notes】**

1. The recommender is requested to please place the completed evaluation form in the envelope and seal it properly.
2. Forms in opened envelopes will be invalid
3. Do not write anything in the fields marked with ※.
4. We will not use any personal information concerning applicants obtained by our university for any other purposes than the intended entrance examination selection.