

Recommendation Form

To the Applicant

Please complete only the top portion of this form. Your recommender should complete the rest of the form.

Applicant's Name (Family)	(Given)	(Middle)
---------------------------	---------	----------

To the Recommender

The person whose name appears above is applying for admission to the Young Leaders' Program.

Please provide your recommendation on your own letterhead or stationery. The Admissions Committee values the recommender's direct contact with the candidate. In your letter, please answer the following questions as candidly and specifically as possible:

Please return this form and your recommendation to the applicant in a sealed envelope, with your signature across the seal. The applicant will submit the sealed, signed envelope to us as part of the completed application package.

The Admissions Committee is aware of the time and care necessary to prepare this form. We gratefully acknowledge your help.

1. How long and in what capacity have you known the applicant?

2. How often have you observed the applicant? (Please tick one box)

- ☐ every day ☐ 3 or 4 times a week ☐ 1 or 2 times a week ☐ 1 or 2 times a month
☐ less than once a month

3. Please provide a short list of specific activities which demonstrate the applicant's salient talents and strength, e.g., leadership, creativity.
4. Please discuss observations you have made concerning the applicant's leadership abilities. (Please tell the reason to judge that the applicant has a possibility to be a leader in your home country.)
5. Please discuss observations you have made concerning the applicant's interpersonal skills.
6. Please discuss observations you have made concerning the applicant's innovative/creative capabilities.

7. Please comment on specific ways the applicant could improve professionally.

8. Please give us your appraisal of the applicant in terms of the qualities listed below:
What reference group are you using to make your appraisal?

	Inadequate opportunity to observe	Below average (Bottom third)	Average (Middle third)	Good (Top third)	Very good (Top 15%)	Excellent (Top 10%)	Outstanding (Top 5%)	Exceptional (Top 2%)
Leadership potential								
Interpersonal skills								
Imagination and creativity								
Motivation and drive								
Personal integrity								
Self-confidence								
Personal maturity								
Sense of humor								
Self-discipline								
Intellectual ability								
Emotional energy								
Analytical/quantitative ability								
Ability in oral expression								
Time management								

9. Please write if you have any comment.

Please provide telephone numbers should the Admissions Committee feel a need to contact you regarding the reference.

☐ Business Telephone Number _____

☐ Home Telephone Number _____

Recommender's Signature _____

Recommender's Name (please print) _____ Date _____

Position or Title _____ Organization _____

Business Address _____

Home Address _____

Essay Questions

The following essay questions will provide us with more information about you and your reasons for applying to the Young Leaders' Program.

Your essays must be typed. Please use A4-size paper or 8 1/2" × 11" paper. Strictly limit your responses to the maximum number of words designated for each question. Use standard double-spaced lines. Your name should appear at the top of each separate sheet of paper. The number of the essay question should precede every essay. Staple the essays together and submit them with the other application materials.

1. What are your most significant accomplishments, activities, and life experiences to date? Please emphasize the events which highlight your unique abilities and personality. (maximum 500 words)
2. What is your leadership philosophy? Describe key individuals and/or experiences that shaped your philosophy. (maximum 500 words)

Supplemental Question

3. How did you become interested in the Young Leaders' Program? Please list specific information sources such as publications, alumni, faculty, and websites. (maximum 200 words)

健康診断書 (2025年度版)

(医師に記入してもらうこと)

日本語又は英語により明瞭に記載すること。

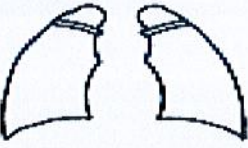
CERTIFICATE OF HEALTH (for 2025)

(to be completed by the examining physician)

Please fill out (PRINT/TYPE) in Japanese or English.

氏名 Name	Surname 姓		Given name 名		Middle name ミドルネーム	
性別 Gender	<input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female		生年月日 Date of Birth		年 月 日 yyyy mm dd	

1. 身体検査 Physical examination							
(1)身長 Height	cm			(2)体重 Weight	kg		
(3)血圧 Blood pressure	mmHg~ mmHg			(4)血液型 Blood type	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> AB <input type="checkbox"/> O <input type="checkbox"/> RH+ <input type="checkbox"/> RH-		
(5)脈拍 Pulse	<input type="checkbox"/> 整 Regular /min <input type="checkbox"/> 不整 Irregular			(7)色覚異常の有無 Color blindness	<input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Impaired		
(6)視力 Eyesight Value	裸眼 Without glasses	右/R	左/L	(8)聴力 Hearing	<input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Impaired		
	矯正 With glasses or contact lenses	右/R	左/L	(9)言語 Speech	<input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Impaired		

2. 胸部聴診及びX線検査 (6ヶ月以内) Physical and X-ray examinations of the chest (within six months)							
撮影年月日 Date of X-ray	年 月 日 yyyy mm dd		フィルム番号 Film No.				
				(1) 肺 Lungs	<input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Impaired		
				(2) 心臓 Cardiomegaly	<input type="checkbox"/> 正常 Normal → (4)へ Go to (4) <input type="checkbox"/> 異常 Impaired → (3)へ Go to (3)		
				(3) 心電図 Electrocardiograph	<input type="checkbox"/> 正常 Normal <input type="checkbox"/> 異常 Impaired		
				(4) 胸部X線所見 Comment for the chest X-ray			
3. 現在治療中の病気 Disease currently being treated				<input type="checkbox"/> 無 No <input type="checkbox"/> 有 Yes (病名 Name of disease :)			
4. 既往症 Past illness/disorder				<input type="checkbox"/> なし None of below			
該当するものにチェックし、完治時期/治療中を記入、いずれも該当しない場合は「なし」にチェックすること。 If it's applicable, tick <input checked="" type="checkbox"/> and fill in the date of recovery/under treatment. If NOT contracted any of them in the past, tick "None of below".				<input type="checkbox"/> 結核 Tuberculosis			
				<input type="checkbox"/> マラリア Malaria			
				<input type="checkbox"/> その他感染症 Other communicable disease			
				<input type="checkbox"/> てんかん Epilepsy			
				<input type="checkbox"/> 腎疾患 Kidney disease			
				<input type="checkbox"/> 心疾患 Heart disease			
				<input type="checkbox"/> 糖尿病 Diabetes			
				<input type="checkbox"/> 薬剤アレルギー Drug allergy			
				<input type="checkbox"/> 精神疾患 Psychosis			
				<input type="checkbox"/> 四肢機能障害 Functional disorder in the extremities			
5. ワクチン接種歴 Vaccination History				Time(s)		Time(s)	
接種済みの場合、接種回数を記入 If already vaccinated, indicate the number of vaccinations				<input type="checkbox"/> MMRV (Measles, Mumps, Rubella, Zoster)	<input type="checkbox"/> Hepatitis B		
				<input type="checkbox"/> MMR (Measles, Mumps, Rubella)	<input type="checkbox"/> Chicken pox		
				<input type="checkbox"/> MR (Measles, Rubella)	<input type="checkbox"/> Meningitis		
				<input type="checkbox"/> M (Measles)	<input type="checkbox"/> Polio		
				<input type="checkbox"/> Mumps	<input type="checkbox"/> Diphtheria Pertussis Tetanus combined		
6. 検査 Laboratory tests							
(1)尿検査 Urinalysis	糖 Glucose	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	蛋白 Protein	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	潜血 Occult blood	<input type="checkbox"/> Negative <input type="checkbox"/> Positive	
(2)貧血検査 Anemia test	赤沈 ESR	mm/Hr	白血球数 WBC count	/cmm	血色素量 Hemoglobin	gm/dl	<input type="checkbox"/> 貧血 Anemia <input type="checkbox"/> Negative <input type="checkbox"/> Positive
(3)肝機能検査 LFT	GPT (ALT)	IU/l	GOT (AST)	IU/l	γ-GTP	IU/l	
7. 医師の診断・意見 Physician's Impression of the applicant's health							
(1) 総評 Overall impression							
(2) 継続的治療・投薬の必要性がありますか。 Is there a need for regular treatment and medication?				<input type="checkbox"/> なし No <input type="checkbox"/> 必要あり Yes → (1)へ記入 Fill in (1)			
(3) 志願者の既往歴、診察・検査の結果から判断して、現在の健康の状況は十分に留学に耐えうるものと思われますか？ In view of the applicant's history and the above findings, Is it your observation that his/her health status is adequate to pursue studies in Japan?				<input type="checkbox"/> はい Yes <input type="checkbox"/> いいえ No 必ず「はい」又は「いいえ」にチェックしてください。「はい」にチェックがない場合、大使館は申請を受理しません。Please be sure to check either "YES" or "NO". If you do not tick "YES", the Embassy will NOT accept the application.			
医師署名 Physician's Signature				日付 Date			
検査施設名 Office/Institution				所在地 Address			