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| **志願 者 評 価書****Applicant Evaluation Form** 神戸大学大学院経営学研究科**Graduate School of Business Administration, Kobe University**志願者氏名： Name of Applicant 姓(Family) 名 (First) (Middle)評価者の方へこの度上記志願者より，評価者として貴方のお名前を頂きました。つきましては当該志願者の学力，人柄および特記すべき事項に関してご意見を賜りたくよろしくお願い申し上げます。なお，志願者評価書には本用紙をご使用いただき，封筒に入れ割印またはご署名のうえ，志願者本人に速やかにご返却いただきますようお願いいたします。志願者は未開封の封筒を願書と共に当大学院へ提出します。志願者が出願期間内に書類を提出できますよう，ご協力の程よろしくお願い申し上げます。神戸大学大学院経営学研究科教務グループTo the Evaluator: The person named above has applied to our graduate school and has specified your name as an evaluator. Please evaluate this applicant's academic ability, personal traits, and other relevant information. Please use this form for your evaluation, seal the evaluation in an envelope, and sign across the seal, and then return it directly to the applicant. The applicant will forward the application form together with the confidential evaluation to the graduate school. To allow the applicant to submit a complete application within the application period, your prompt attention would be sincerely appreciated. Your evaluation will be kept strictly confidential by our office. Academic Affairs Section, Graduate School of Business Administration, Kobe University

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|  | 非常に優秀TrulyExceptionalTop 5% | 優秀ExcellentTop 10% | とても良いVery GoodTop 25% | 良いGoodTop 50% | 平均以下BelowBelow 50% | 評価不可能Unable toJudge |
| 学力Academic Ability |  |  |  |  |  |  |
| 分析力Analytical Ability |  |  |  |  |  |  |
| 独創性・創造性Originality/Creativity |  |  |  |  |  |  |
| 柔軟性Flexibility |  |  |  |  |  |  |
| 口頭表現能力（英語）Ability to Communicate in English  |  |  |  |  |  |  |
| 文章表現能力（英語）Ability to Write in English |  |  |  |  |  |  |
| 協調性Ability to Work with Others |  |  |  |  |  |  |
| 指導力Leadership |  |  |  |  |  |  |

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| **志願 者 評 価書****Applicant Evaluation Form** ◆**志願者の資質・才能などについて特記すべき事項があれば，具体的に記述してください。**Please describe the applicant's special personal qualities and/or abilities.**---------------------------------------------------------------------------**評 価者 氏 名： Evaluator's Name in Full 姓(Family) 名 (First) (Middle) 志願者との関係:Relationship with Applicant 役 職：Title 所属機関：Institution 住 所：Present Address 電話： E メール： Telephone E-mail 日付： 年 月 日 署名／捺印： 印Date YYYY/MM/DD Signature/Seal  |