

LETTER OF RECOMMENDATION 2024-2025

For GRIPS use: Application ID :

TO THE APPLICANT: Please complete this section (“Your name” and “Recommender’s name”), and give this form to your recommender who knows you well. Have your recommender complete the form, put it in an envelope, seal the envelope, sign it across the flap, and return the letter to you. Include this letter with your application and all the other application materials when you send in your application.

Your name:

As written in your passport, from left to right, top to bottom (English alphabet only)

Recommender’s name:

TO THE RECOMMENDER: Please write a recommendation letter for the above applicant, sign it, enclose it in an envelope, seal the envelope, and sign it across the flap. Return the sealed envelope to the applicant or send it directly to the GRIPS Admissions Office. This recommendation letter will remain confidential and will be used for application screening purposes only. You may attach additional sheets if the space provided is insufficient.

1. How long have you known the applicant? _____ years _____ months

2. In what capacity have you known the applicant?

3. How often have you interacted with the applicant?

- Daily
 Weekly
 Monthly
 Rarely

4. In comparison with other students/staff whom you have known in the same field, how would you rate the applicant’s overall **academic** ability?

- Outstanding (top 5%)
- Excellent (top 10%)
- Good (top 20%)
- Average (top 50%)
- Below average (lower 50%)
- Unable to comment

5. In comparison with other students/staff whom you have known in the same field, how would you rate the applicant’s overall **professional** ability?

- Outstanding (top 5%)
- Excellent (top 10%)
- Good (top 20%)
- Average (top 50%)
- Below average (lower 50%)
- Unable to comment

6. Please evaluate the applicant in the areas below as excellent, average, poor, or unable to comment.

	Excellent	Average	Poor	Unable to comment
Academic performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity & originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for graduate study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Discuss the applicant's competence in his/her field of study, as well as the applicant's career possibilities as a professional worker, researcher, or educator. In describing such attributes as motivation, intellectual potential, and maturity, please discuss both strong and weak points. Specific examples are more useful than generalizations.

8. Discuss the applicant's character and personality. Please comment on his/her social skills, emotional stability, leadership skills, and reliability.

9. **For university professors and instructors only**
Is the applicant's academic record indicative of the applicant's intellectual ability? If no, please explain.

10. Additional comments, if any.

11. How would you evaluate the applicant's overall suitability as a candidate for admission to a graduate program at the National Graduate Institute for Policy Studies?

Outstanding Good Average Poor

Name of person completing this form: _____

Position/title: _____

Name of organization: _____

Address: _____

Phone: _____ E-mail: _____

Country code - complete number

Signature: _____ Date: _____

Month/Day/Year



CERTIFICATE OF EMPLOYMENT 2024-2025

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This form must be completed by, or under the authority of, the applicant’s employer or equivalent official. Please note that the official stamp or seal of, and signature by, any person other than the above persons will be considered as invalid. This certificate must contain the same information (e.g., position, department/section, name of organization) as that stated in the applicant’s Application for Admission.

EMPLOYER DETAILS

Name of organization: _____

Address: _____

Postal code: _____

Phone: _____ E-mail: _____
Country code - complete number

EMPLOYEE DETAILS

This is to certify that _____
Full name of applicant (as written in his/her passport)

has been employed by this organization from _____ to _____
Month/Day/Year Month/Day/Year
Please write "Present" above if the person is on a permanent contract.

Present position, department/section: _____

Responsibilities: _____

Civil servant qualification (e.g., BCS, IAS, IRS, CSS), if applicable: _____

This applies to applicants from Bangladesh, India and Pakistan.

LEAVE OF ABSENCE APPROVAL

Please tick only one box below.

- I will approve a leave of absence for the above employee to study at GRIPS if he/she is admitted for a period of [one / two / three / four / five] year(s).
Please circle the appropriate number of years.
- I will not approve a leave of absence for the above employee to study at GRIPS if he/she is admitted.

Authorized person completing this form:

Name: _____

Position/title: _____

Signature: _____

Date: _____
Month/Day/Year

Please put an official stamp or seal in this space. If the official stamp or seal is in your local language and an English version is not available, please write its English translation in the margin of this form.