| To: | Dean of | the | Graduate | School | of | Information, | Production | and | Systems, |
|-----|----------|------|--------------|--------|----|--------------|------------|-----|----------|
| | Waseda U | Jniv | ersity, Japa | an | | | | | |

| | Date: (y) | | / (m) | / (d) |
|---|---|----------|----------------------------|----------------------------|
| Name (block letters): | | | | |
| Name (Chinese characters if applicable | e): | | | |
| Title: Professor / Associate Professor / | | | | |
| Signature or personal seal: | | | | |
| School / Department: | | | | |
| University: | | | | |
| I hereby acknowledge that the follow our university to the Graduate School University as an official applicant or based upon the cooperation agreement | of Information, Produc official applicants for t | tion and | d Systems (rance exami | IPS), Waseda nation of IPS |
| and Waseda University. | Name of your university) |) | | |
| Names of students: | | | | |
| | | | (Master / | Doctor / F / G) |
| | | | (Master / | Doctor / F / G) |
| | | | (Master / | Doctor / F / G) |
| | | | (Master / | Doctor / F / G) |
| | | | (Master / | Doctor / F / G) |
| | | | (Master / | Doctor / F / G) |
| | | | (Master / | Doctor / F / G) |
| | | | (Master / | Doctor / F / G) |
| | | | (Master / | Doctor / F / G) |
| | | | (Master / | Doctor / F / G) |
| | | | (Master / | Doctor / F / G) |
| | | | (Master / | Doctor / F / G) |
| | | | (Master / | Doctor / F / G) |
| | | | (Master / | Doctor / F / G) |
| | | | (Master / | Doctor / F / G) |

To the responsible person of the partner university of Waseda University IPS:

Please fill in this form and send back to the IPS Admissions Office when you recommend your students to Waseda University IPS. Thank you very much for your cooperation.