氏	名
Na	me

※受験番号 Application No. (記入不要/ Do not write in this column)



(yy/mm/dd)

英語能力認定書/English Proficiency Evaluation

To the Applicant

Date

lease ask vour English	teacher to write this evalu	ration If nossible the teach	er should have taught vo	u for at least a vear or more.

Please ask your English teacher to	write this evaluation. If po	ossible, the teacher shot	iid nave taugnt you for a	t least a year or more.		
Applicant's Name						
Family Name:		Given Name(s):				
To the Evelvetor						
To the Evaluator						
* Please make your evaluation as			or more detail about CEF	R assessment (© Council of		
Europe). https://europass.cede * Please write your evaluation clea						
* You may then either return this e			nail it to us at:			
Ritsumeikan Asia Pacific Unive	ersity, Admissions Office	e(Domestic), 1-1 Jumonj	jibaru, Beppu, Oita, 874-	8577 Japan		
	Excellent CEFR C2	Good CEFR C1	Average CEFR B2	Below Average CEFR B1		
Speaking						
Listening						
Writing						
Reading						
Please write your comments about the						
Please fill in the following information	on as we may contact yo	ou directly if there are an	y unclear statements.			
① Name of Evaluator						
② Occupation						
③ Name of Institution						
4 Job Title						
⑤ Time period						
that you have taught the applic	eant	YY / MM	~ YY / MM			
6 E-mail						
(2) Phone						
7 Phone						
Signature						