

氏 名 Name		※受験番号 Application No.	(記入不要／Do not write in this column)
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英語能力認定書/ English Proficiency Evaluation

To the Applicant

Please ask your English teacher to write this evaluation. If possible, the teacher should have taught you for at least a year or more.

Applicant's Name

Family Name: _____ Given Name(s): _____

To the Evaluator

* Please make your evaluation as detailed as possible. Please refer to the link below for more detail about CEFR assessment (© Council of Europe). <https://rm.coe.int/CoERMPublicCommonSearchServices/DisplayDCTMContent?documentId=090000168045bb52>

* Please write your evaluation clearly in English or Japanese.

* After that, please return this evaluation to the student in an envelope, or have the teacher who completed it email it to APU.
Mail: domestic@apu.ac.jp / 【Information required in the body of the email】 ・ Application number ・ Applicant's name ・ Examination method name
・ Contact information (phone number and email address) ・ Country/region of residence ・ Examination date

	Excellent CEFR C2	Good CEFR C1	Average CEFR B2	Below Average CEFR B1
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please write your comments about the applicant's English abilities.

Please fill in the following information as we may contact you directly if there are any unclear statements.

① Name of Evaluator

② Occupation

③ Name of Institution

④ Job Title

⑤ Time period that you have taught the applicant

MM / YY ~ MM / YY

⑥ E-mail

⑦ Phone

Signature

Date (mm/dd/yy)