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| 氏名<br>Name |  | ※受験番号<br>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<br>CEFR C2     | Good<br>CEFR C1          | Average<br>CEFR B2       | Below Average<br>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) |