

English-Language Ability Certificate

Submission of this English-Language Ability Certificate as the required application document, "Document concerning English-Language Ability," mentioned in the "Application Guidelines" is permitted only if an applicant cannot submit any of the English proficiency exam scores, but can only have his or her English language ability certified by a public agency (e.g., an embassy, etc.), university, or graduate school. If this applies to you, please get this English-Language Ability Certificate completed and submit it to certify your English-language ability.

[For the applicant]

Applicant's Name	Family name:	First name:
-------------------------	--------------	-------------

[For the evaluator]

- Please write in English only.
- If the applicant formally graduated from or is expected to graduate from a university or a graduate school which offers ordinary education curricula in English in one of the following countries, please indicate this fact in the comments box below: Australia, Canada, Ireland, New Zealand, Singapore, United Kingdom, United States of America.
- Please keep the original English-Language Ability Certificate for your record and give a copy to the applicant.
(Please note that Toyo University may contact you with inquiries concerning the information provided on this form or to ask you to submit the original.)

(1) Please mark a check () in the appropriate box for each item below.

	Excellent	Good	Average	Poor
Speaking				
Listening				
Writing				
Reading				

- When basing evaluation on TOEFL iBT® scores, "excellent" should refer to a section score between 24 and 30, "good" to a score between 16 and 23, "average" to a score between 8 and 15, and "poor" to a score 7 or below.

(2) Please comment on details concerning the applicant's English-language ability, his or her learning progress, items worthy of special mention, instruction you have personally provided to the applicant, or other relevant matters here.

Evaluator's name: _____

Evaluator's city and country of residence: _____

Evaluator's institution/organization: _____

Evaluator's title/position and department in institution/organization: _____

Relationship to the applicant: _____

Evaluator's e-mail address: _____

Evaluator's telephone number: _____

Place official stamp here. If no stamp is available, form must be printed on letterhead.

Evaluator's signature: _____	Date (day, month, year): _____
-------------------------------------	--