English-Language Ability Certificate

Submission of this "English-Language Ability Certificate" as the "Document concerning English-language ability" mentioned in the Application Guide is permitted only if the applicant cannot upload any of the documents but can have his / her English-language ability certified by a public agency (e.g., an embassy, etc.), university, or high school.
If the above applies to you, get this English-Language Ability Certificate completed and upload 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 has completed an ordinary education curriculum in English in one of the following countries during the past six years, 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 of this English-Language Ability Certificate for your records and give the "Copy" to the applicant.
  (NOTE: 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 using the TOEFL iBT® as an evaluation criterion, the following section scores serve as a guideline.

〈Test takers prior to January 20, 2026〉 "Excellent": 30–24, "Good": 23–16, "Average": 15–8, "Poor": 7 or below
〈Test takers on or after January 21, 2026 (Band Score format)〉 "Excellent": 6–5, "Good": 4.5–4, "Average": 3.5–2.5, "Poor": 2 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.

Name of evaluator: _____

Evaluator's city and country of residence: _____

Evaluator's institution/ organization: _____

Position and department in institution/organization: _____

Evaluator's E-mail (PC) address: _____

Evaluator's telephone No.: _____

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

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