(FORM 4)

**Letter of Recommendation from Prospective RA Instructor**

Please fill out this letter of recommendation, put it in an envelope, seal it tightly, write the name and affiliation of the applicant on the front side of the envelope, and submit it to the RA secretariat at ISAS (Kohira or Takimoto in Room#1208) by 12:00 p.m. on October 24 (Tue.), 2017.

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| --- | --- |
| Name of applicant: | |
| Reason of recommendation: | |
| Level of recommendation:  　　　Please circle the appropriate number.  　　　　1. Highly recommended  　　　　2. Recommended  　　　 3. If budget allows  　　　　4. Not recommended | |
| Rank of recommendation when there are multiple applicants:  Rank N-th out of (total number of applicants you recommend) | |
| Mark ☑ if applicable.  　□　The Applicant’s work content is necessary for JAXA’s work. | |
| RA instructor’s name and affiliation  (signature or seal) | L. S. |