To: Dean of the Graduate School of Information, Production and Systems, Waseda University, Japan

	Date: (y)	/	(m)	/ (d)
Name (block letters):				
Name (Chinese characters if applicable):				
Title: Professor / Associate Professor / Dr.	/ Other (please speci	fy:)
Signature or personal seal:				
School / Department:				
University:				
I hereby acknowledge that the following our university to the Graduate School of In University as an official applicant or office based upon the cooperation agreement and	nformation, Production applicants for the	on and Systement entrance	stems (IPS examinat	S), Waseda ion of IPS
and Waseda University. (Name	of your university)			
Names of students:				
(Ma	ster / Doctor / F / G)	TAO ID:		
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To the responsible person of the partner university of Waseda University IPS:

Please fill in this form and send back to the IPS Admissions Office when you recommend your students to Waseda University IPS. Thank you very much for your cooperation.