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| ***IASIL Japan Scholarship***  **Reference Form** | | | | **IASIL Conference**  **Gakushuin University**  **5-9 August 2024**  ***Confidential*** | | | | |
| **Closing date: 31 January 2024** | | | | | | | | |
| **Referee**: Please complete in typescript and return the form to Yuri Yoshino at [secretary@iasil.jp](mailto:secretary@iasil.jp) via an Email attachment. It would be much appreciated if you could ensure that your reference arrived by the closing date indicated above. Any reference not received by that date will disqualify the application. Thank you. | | | | | | | | |
| **1. Applicant’s name:** |  | | | | | | | |
| **2. Referee’s name:** |  | | | | | | | |
| **Referee’s Post/Dept:** |  | | | | | | | |
| **Referee’s Institution:** |  | | | | | | | |
| Please give your comments on (a) the quality of the candidate’s research and progress to date, (b) the proposed contribution by the applicant to the conference, and (c) the benefit to the applicant in attending this conference. | | | | | | | | |
| (a) the quality of the candidate’s research and progress to date, **Low / Moderate / High / Exceptional** *(please delete as appropriate)*  *Comments:* | | | | | | | | |
| (b) proposed contribution by the applicant to the conference: **Low / Moderate / High / Exceptional** *(please delete as appropriate)*  *Comments:* | | | | | | | | |
| (c) benefit to the applicant in attending this conference: **Low / Moderate / High / Exceptional** *(please delete as appropriate)*  *Comments:* | | | | | | | | |
| **Signature (if electronic signature available)** | | | | | | | | **Date** |
| Please indicate below if you are willing for your reference to be disclosed. Otherwise, confidentiality will be preserved and, where necessary to protect your identity, the content of your reference will not be revealed to the applicant. | | | | | | | | |
| I am willing for my reference to be disclosed to the applicant | | Yes |  | | No |  |  | |