JAL PROJECT 2015

Project for inviting, giving training to, and exchanging with, Japanese-art librarians from outside Japan

Recommendation Form / 推薦状

The person whose name is given below is an applicant for the JAL Project 2015. The organizer would be grateful if you could assess the applicant's competence to be a participant in light of the project objectives.

After completing and signing this form, please send it to JAL Project Executive Committee by July 31, 2015 by e-mail.

| JAL Project Exec | utive Committee | | | | | | | |
|---|-----------------|--|-----|--|--|--|--|--|
| Library | | | | | | | | |
| The National Museum of Modern Art, Tokyo | | | | | | | | |
| 3-1 Kitanomaru-koen, Chiyoda-ku, Tokyo 102-8322 | | | | | | | | |
| Tel:(03)3214-2606 | | | | | | | | |
| Fax: (03)3214-2576 | | | | | | | | |
| E-mail: jal2014plus@momat.go.jp | | | | | | | | |
| URL: http://www.momat.go.jp/art-library/JAL/JAL2015.html | | | | | | | | |
| | | | | | | | | |
| This part of the form to be completed by the applicant. | | | | | | | | |
| Name of Applicant | | | | | | | | |
| Position or Title | | | | | | | | |
| Organization | | | | | | | | |
| | | | | | | | | |
| This part of the form to be completed by the recommender. | | | | | | | | |
| Name of Recommender | | | | | | | | |
| Position or Title | | | | | | | | |
| Organization | ation | | | | | | | |
| Business Address | | | | | | | | |
| Phone | | | Fax | | | | | |
| E-mail | | | | | | | | |
| | | | | | | | | |

| Please describe the candidate's past achievements and promise in his/her professional field. | | | | | | | |
|---|------|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (Use additional sheets if necessary.) | | | | | | | |
| In what ways do you think the candidate can contribute to the project and Japanese-art studies in the future? | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| (Use additional sheets if necessary.) | | | | | | | |
| I hereby certify that all the information given above is true. | | | | | | | |
| Signature | Date | | | | | | |