Letter of Recommendation

MM/DD/YYYY

Kengo Kuma Foundation

To: Chairman Kengo Kuma

Applicant name	Date of birth MM/DD/YYYY	Male/Female

Address: (Postal Code -)

Telephone : ( ) - _____

School name:

Name of academic advisor: _____ Telephone: ( ) - _____

Reasons for recommendation

Recommended by

Name of academic advisor : _____ [seal]