Sasakawa Studentship reference form for all Master’s applicants and current SOAS MPhil/PHD applicants ONLY.

If you are a new admission onto an MPhil/PhD programme, then do not use this form. We will take your references from your online application for admission.

TO THE CANDIDATE FOR A SASAKAWA STUDENTSHIP

Complete sections A - C below and forward a copy of the Notes to the Referee and Referee’s Report to each referee.

A Applicant’s six-digit Student ID or 8-digit SOAS Applicant Number

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B Applicant’s Full Name (capitalise surname)

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C Programme of study and Thesis Title (if relevant)

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D Name and Title of Referee

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**NOTES TO THE REFEREE**

The above-named person has nominated you as referee for a Sasakawa Studentship at SOAS. Each scholarship will provide £15,000 to the successful scholar during the 2025/26 academic year.

The Scholarships are open to persons who have been accepted into a Postgraduate Taught Master’s programme, or accepted into an MPhil programme at SOAS, or who are already students at SOAS. They are open to candidates working on any aspect of Japanese Studies, regardless of department of registration.

Please comment on the candidate’s academic and personal suitability for MPhil and PhD research.

A late letter may jeopardise the candidate’s chances of success. Please complete the referee’s report and email it to: scholarships@soas.ac.uk. Please state the candidate’s surname and name of the scholarship in the subject of the email. References must be sent from a work email address.

Deadline for references: 31 March 2025

With thanks for your kind assistance.

Rachel Cavalier

Scholarships Office

**REFEREE’S REPORT**

**Please read the Notes to the Referee before completing the referee’s report**

**STATEMENT BY REFEREE**

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Please indicate the applicant’s skill in Japanese

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| --- | --- | --- | --- | --- | --- |
| Reading | A | B | C | D | E |
| Composition | A | B | C | D | E |
| Speaking | A | B | C | D | E |

(Where **A is highest** and E lowest level)

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| --- | --- | --- | --- |
| NAME OF REFEREE |  | | |
| SIGNATURE\* |  | DATE |  |
| POSITION HELD |  | | |
| INSTITUTION AND ADDRESS |  | | |
| CONTACT E-MAIL & TELEPHONE NUMBER |  | | |

\* (an electronic signature is acceptable if the form is emailed from a SOAS email account)