

(11) Letter of Approval for Taking Examination

Applicant's Name _____

Date of Birth _____
Year Month Day

I consent that the applicant mentioned above will take the entrance examination for the Doctoral Program of Graduate School of Bioagricultural Sciences, Nagoya University.

Consent Date _____
Year Month Day

Dean of Graduate School of Bioagricultural Sciences,
Nagoya University

Name of Organization

Address

Name of the Head of
an appropriate Supervisor

Note: Official seal and signature must be attached to the name of the head or supervisor.