(For applicants for Admission for Working Adults)

Year:　　Month:　　 Date:

To : Dean, Oita University Graduate School of Science and Technology

(Head of Division, etc.)

Affiliation and Official Title

Name　　　　　　　　　　　　　　 [personal seal]

Letter of Consent

I hereby authorize the person below, if he/she is admitted to Oita University Graduate School of Science and Technology (Doctoral Course), to enroll while still employed by our organization.

|  |  |
| --- | --- |
| Job Title |  |
| Name |  |

Note : "Head of Division, etc." refers to the head of the division or organization in which the applicant works, or someone who knows the applicant well and supervises him/her in the workplace.