Examinee Number	*

* For office use only

Letter of Approval (受験承認書)

To: The President of Kitami Institute of Techn	ology
Full Name of A	Applicant
Desired Course	of Study
I approve the above named person's a loctoral program of the Graduate School o Fechnology. His/Her status will remain und	f Engineering, Kitami Institute of
	(Year) (Month) (Day)
Authorizing Official Title and Affiliation	
Full Name	
Signature	

Signature is not necessary when you put your personal seal above.