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Examinee Number	*

\* For office use only

## Letter of Approval (受驗承認書)

(文映/外)心	
To: The President of Kitami Institute of Techr	nology
Full Name of	Applicant
Desired Course	e of Study
I approve the above named person's a loctoral program of the Graduate School of Technology. His/Her status will remain un	of 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.