Endorsement by the authority of the institute or university

(To be filled in by the official representative or authority of the institution where the applicant is employed)

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| **To: The President of JIRCAS**  I certify that I have examined the above documents and confirm that the information given by the applicant is true and accurate to the best of my knowledge. I hereby authorize the applicant, as a candidate for the **JIRCAS Visiting Research Fellowship Program 2021 (Tsukuba).**   |  |  | | --- | --- | | Signature: |  | | Full name |  | | Position: |  | | Institution and address: |  | | Date: |  | |