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).**

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| --- | --- |
| Signature: |   |
| Full name |   |
| Position: |   |
| Institution and address: |    |
| Date: |   |

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