JIRCAS VISITING RESEARCH FELLOWSHIP PROGRAM FY2024 Application form 4

**Endorsement by the Authority of the Institute or University**

(to be completed by adequate personnel to authorize the application)

**To: The President of JIRCAS**

 I certify that I have examined the application from 1 – 3 developed by the applicant 　　　　　　　　　　　　　 , and confirm that the information given is accurate to the best of my knowledge. I hereby authorize the applicant as a candidate for the **JIRCAS Visiting Research Fellowship Program FY2024.**

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| --- | --- |
| **Signature:**  |  |
| **Name:** |  |
| **Position:** |  |
| **Division:** |  |
| **Institute/University:** |  |
| **Date:** |  |